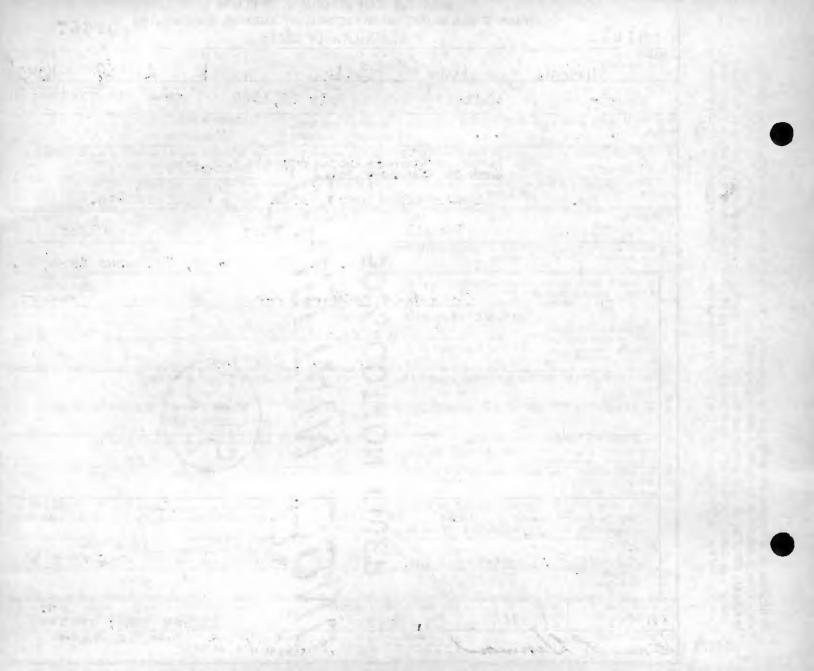
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01664 01671 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR 24 hours after death ofter death by the funeral (Type or print) 3. SEX S_DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR DAYS event, within 72 hour 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ose and a carbon papers. and completely filled in Wicomico WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address)
nsula General Hospital during most of working life, even if retired.) Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. SPREET AND NUMBER 13d INSIGE CITY LIMITS? the death certificate be executed 13b. COUNTY TOMICO YEST SALTSBURY AVALON PARK VUO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Middle Last ISADORE SAMLER ELIZABETH 9 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na or unknawn) I (If yas give war or dates of service) d burial, cremotion, or removal, MRS. MYRA GOLDFEIN. AVALON PK. SALISBURY. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the attendii buriol-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ! rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detoched far use as the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO W 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town State County While Mat while TO FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) attended the deceased from Dec 27, 1964, to Jan 11, 1969, that (1) (see) last saw the deceased alive an Jan (1 1969, and that in (my) (per) apinian death accurred an the date and have and from the ploods be retained director, page 3 should should be filed with the causes stated above, (1) (and) (did (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BALTIMORE, MARYLAND 1-13-69 BALTIMORE HEBREW ADDRESS 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD לטטו ה

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	WE		ounty State
		220. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, sow the deceased olive on19, and that in (my) (aur) apinian death accurred on the date causes stated above, (I) (we) (did) (did not) view the bady after death.	, that (I) (we) last and haur and fram the
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1 . 1		0167: MARYLAND STATE DEPARTMENT OF HEALTH
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	_	CERTIFICATE OF DEATH
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OR ATTENDING PHYSICIAN: be retained by the hospital at IRECTOR: After this certificate e 3 shauld be detached for a		220. I certify that (1) (this hospital) attended the deceosed from
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 91670 11671 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH 25 HOUR death hours after deoth ond (Type or print) GEORGE BURRELL January 3. ESEX 4 RACE S. DATE OF BIRTH 6 AGE (in years 6/9/1892 Jost birthday) MONTHS Colored Male 7g BIRTHP_ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED waryland WICOMICO U.S.A. DIVORCED [WIDOWED TO 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUA. OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY Deer's Head State Hospital during most of working life even if retired.) cardon Salisbury signed by the attending physicon ond complete burial-transit permit. Then please remove card burial, cremotion, or removol, and in any eyent, 13a USUAL RESIDENCE (Where deceased lived funstriutian, Residence before 13c CITY OR TOWN 13d. INS DE CITY 1 M TS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY requires that the death certificate be execute 6h2 W. Main Street YES -Salisbury 14 EATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost Unkown Unkown 16b. SOCIAL SECURITY NO 16g WAS DECEASED EVER IN L.S. ARMED FORCES? 77 INFORMANT Addiess Yes, no. ar unknown) 642 W. Main St Salis Frances Hest 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Acute congestive failure 7-10 days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Hypertensive arteriosclerotic cardiovascular rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF attending physician. disease stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE DR CONDITION GIVEN IN PART 1(6) for use as the b hos been Diabetes mellitus, severe, uncontrolled; CVA with rt. hemiplegia: CA of prostate 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🛣 this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: 21g ACCIDENT WAS UNDERLYING 1215. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year director, page 3 should be detached should be filed with the State Dept of (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while 22a. I certify that (K (this hospital) oftended the deceased from January 27, 1969, to January 2719 69, that (1) (we) last saw the deceased alive an January 27, 19 69 and that in (My) (our) opinion death occurred an the date and hour and from the TO FUNERAL DIRECTOR: After be retained by causes stated above, (A (we) (aid) (d. hot) view the body after death. ATTENDING MED. DIRECTOR PHYS PHYS. Maryland 22d PHYSICUM S NAME (Type) 22e ADDRESS Deer's Head State Hospital, Salisbury, H. Winnacott. M. D. 235 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 230 BURIAL CREMATION (Caunty) REMOVAL (Specify) 1969 Green Arees Cemetery Salisbury Micomico Md. 25b. REGISTRARS SIGNATURE 24. FUNERAL DIRECTOR 25g REC'D BY REGISTRAR VR A15 (4) 45M - 1/69



7 1		A 184		ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BA		
		0167.		CERTIFICATE OF DEATH		
death.		ECEASED NAME First Type or print) Flore	Middle nce Evelyn	CHEEZ VM	20. DATE OF DEATH JANUARY 19	Yeor 2b. Hour
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physican en please aval, and	160	WAS DECEASED EVER IN U.S. ARA (es ng_or unknown) (If yes give w	MED FORCES? Tot or dates of service) 16b SOCIAL SECURITY 214-32-0		Address h Lane, Freston, h	laryland
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burnal-transhauld be filed with the State Dept. af Health priar to burial, crea	Ĺ	22a L certify that (1) (th	is haspital) attended the decear live an	19, and that in (my) (aur) a bady after death. DEGREE PHYS 22e. ADDRESS	ipinian death accurred an the d	that (I) (we) last ate and haur and fram the
^ -				CEMETERY OR CREMATORY r Order Cemetery s 250 RM	23d LOCATION (City or Town) Preston, Caroli 16th Zectors (25b, 2005)	(County) (State)
VR A15	L	J. J. Frempton	and Son, Federal	sburg, Md. DATE	121 1300	0 0



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1573
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month D	ay Year 2b HOUR
B 3.9 is		25/07. 1/00-Le	7-6949. J
a a g g	3. 5	F AA 11-6-68 6. AGE (in years IF UNDER , YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD YRS 2 11 MONTHS MIN MONTH 1 DOY 17	Yeor 69 6: 25M
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uted will in good Excol Extended from 7		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY INMICOLATE (AUSE (a) Interstitial pneumonitis	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH NOUTS
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DEPUTY DICAL EXAMINER: Treessory, please execute the certific e funeral director. Page 4 should broay be retained for your files. FUNERAL DIRECTOR: Page 3 should ealth prior to burial, cremation, or	MEDICAL	CAUSE OF DEATH PM 19 21d INJURY OCCURRED WHILE AT WORK AT WORD WORK AT	County Stote
EXA ecute Page or you R: Pog al, cre		22a. I certify that I took charge af the remains described above, held an Autopsy [X]. Inspection [X], Inquiry [X].	ond in my opinion
ICAL ED e execut for. Pag ed for.) CTOR: P burial,		death resulted from: Natural causes [X], Accident [], Suicide [], Homicide [], Undetermined manner [
please direct direct retainer or to b		CHIEF MEDICAL EXAMINER	_
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VR ATSMERS		Booker West, Salisbury, Md. DAIE IAN 29 1969 Policy	las Judge



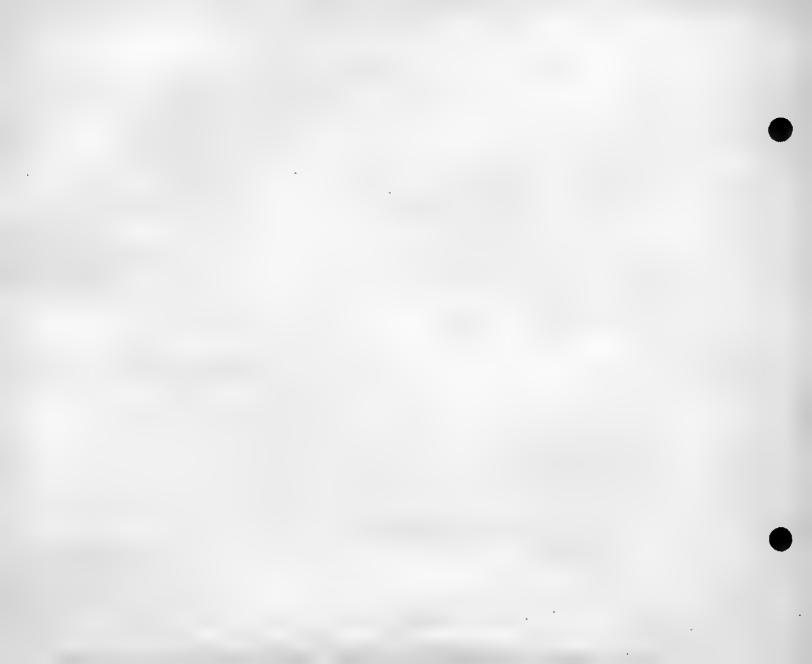
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME First Middle Last HEALTH DEPT. 20. DATE KNOWN Month Doy (Type or Print) JOHN LAWRENCE COLLIER DEATH MATED 4. RACE S. DATE OF BIRTH 6 AGE (n years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3. SEX ..69 Yeor Male White 11-30-17 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office along with form country) Wicomico DIVORCED X WIDOWED [Jand 2 with the State 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give freet oddress ula General during those of working ife, even if retired.) Salisbury 13d. INSIDE CITY LIMITS 130 USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136 COUNTY Wicomico Salisbury odmission) STATE Md. YES NO Riverside Drive Ext. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First ARGERY WOLLIER hours bages 17. INFORMANT ADDRESS TARY LAND 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. EBSTER MIKIVOWN ELIZABETH ENONA File event within 72 (AUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) This certificate should be executed permit. BETWEEN ONSET AND DEATH be forwarded to the Chief Medical PART IL DEATH WAS CAUSED BY Bullet wound of brain davs IMMEDIATE CAUSE (a) ... DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if any, which gave rise ta immediate cause (a), in any cate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0) 0 Depression. crematian, ar removal be used 19b. COND TION FOR WHICH OPERATION 20 AUTOPSY? 19a, DATE OF OPERATION WAS PERFORMED? YES 🔲 NO X 121c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18) 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 3 shauld PRIMARY IN OR CONTRIBUTING Shot self with pistol. CAUSE OF DEATH 21f LOCATION Street or R.F.D., No. 21d NUJRY OCCURRED 21e PLACE OF INJURY (At home, form, street, City or Town County State WHILE AT WORK AT WORK Riverside Dr. Ext., Salisbury, Wic., Md. Inspection XI. 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry K. and in my apinian Suicide X Ham:cide | Undetermined manner death resulted from Natural causes . Accident . CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STAN? MEDICAL EXAMINER Jan. 16, 1969 DEPUTY MEDICAL EXAMINER O FUNER Health Camden Ave. Salisbury, Md ADDRESS (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23d LOCAZION (City or Town) MOVAL (Specify) Tayls 250 REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE Princess Anne, Mon ome,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1682 01675 CERTIFICATE OF DEATH M ddle 1. DECEASED NAME and 2 death. 20. DATE OF DEATH 24 haurs after death (Type or print) 3. SEX 4. RACE YEAR MONTHS OAYS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WICOMICD WIDOWED DIVORCED please remave carbon-ed within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR give street address) INDUSTRY ... signed by the attending physician and completely burial-transit permit. Then please remave carbo 130. USJAL RESIDEN there deceased lived, if institution. Residence before 13c CITY OR TOWN The law requires that the death certificate be executed odmission) STATE 13b. COUNTY and in any 14 FATHER'S NAMI First Middle 17. INFORMANT director, page 3 shauld be detached for use as the burial-transit permit. Then p Shauld be filed with the State Demt. of Health prior to burial, cremation, or remayal, 18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (o). DUE TO, OR AS A CON attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES [Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (Enter fature of injury in Port 1 or Port 2, Item 18.) 21c. HOW INJURY OCCURRED ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Yeor P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21F LOCATION Street or R.F.D. No. 2 d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING, ETC. While Not while at work at work the deceased from and that in (my) (aur) apinian death accurred an the date and haur and from the 22a. I certify that (I) (this haspital) saw the deceased alive an (did nat) view the bady after death. causes stated above (1) 22b. SIGNATURE 22t. DAT SIGNED **ATTENDING** STAFF DEGREE PHYS. DIRECTOR PHYSIC!AN'S 22e ADDRESS NAME (Type) 230 BURIAL CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY OCATION (City or (County) FUNERAL DIRECTOR 2So. REC D BY REGISTRAR 1969



•	1	MARTIAND STATE DEPARTMENT OF HEALTH
11	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01678
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he Leoth cel offending p permit. The		18/ CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY APPROXIMATE INTEGRAL BETUPEN ONSET AND GEATH
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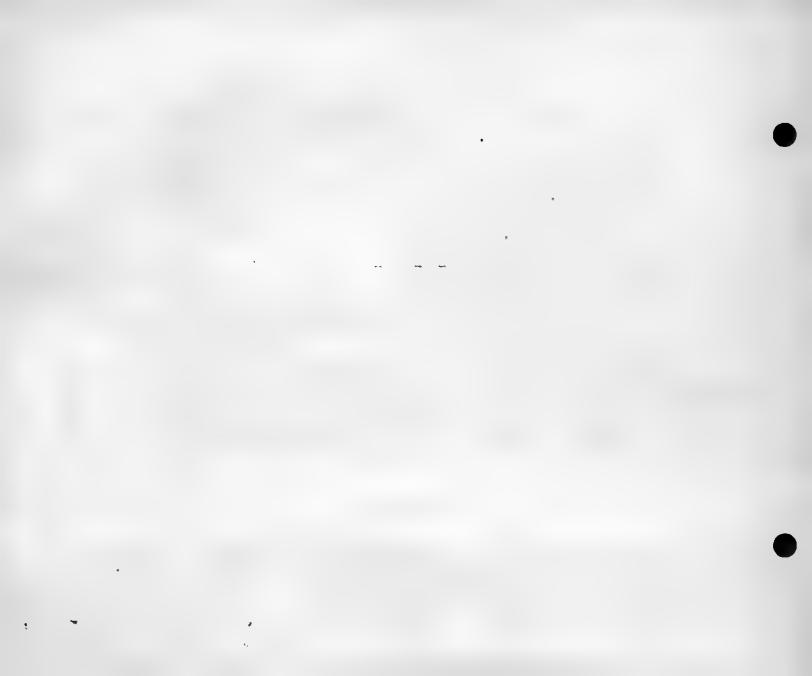


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01678 21683 CERTIFICATE OF DEATH the death certificate be executed within 24 hours after death deoth USUAL RESIDENCE (Where deceased led, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE COUNTY MARYLAND W. CCMICO b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 TOWN (If/outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) URIZIAL d NAME OF HOSP TAL OR INSTITUTION (If hot in hospital, give street oddress) d. STREET ADDRESS S RESIDENCE ON A FARM? NO [YES 3 NAME OF First 4. DATE Month Year DECEASED 196.9 (Type or print) DEATH burial, crematian, or remaval, and in any event S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH remove Months lost birthdoy) WIDOWED X DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY 2 13. FATHER'S NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per +ne for (o), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony which gove ase to immediate couse (o), DUE TO stoting the underlying couse the of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY PERFORMED? NO P certificate b 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 18) OR CONTRIBUTING IT CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 2De PLACE OF NJURY (Home, form, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this 2Dr. TIME OF IN JRY Month, Doy, Year foctory, street, office bldg , etc.) Hour am. Not While of work ot work 1958 to death 21. I certify that (I) (this hospital) oftended the deceased from TO HOSPITAL OR ATTEND Page 4 may be retained 1969, and that death accurred of 4:109M, from causes and an the date stated above saw the deceased alive on director, page 3 sha should be filed with 22o. SIGNATURE 22b. DATE SIGNED 1/10/69 DIRECTOR PHYS M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) DELMAR 23d LOCATION (City of Town 230 BURIAL CREMATION REMOVAL (Specify) MARCI e 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67





			t	MARYLAND STATE DEPARTMENT OF HEALTH
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MARYLAND STATE DEPARTMENT OF HEALTH

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	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 D	ECEASED NAME First Middle LOST 20 DATE KNOWN FOR Month Day Year 120 HOUR
of ge	(Type or Print) ALICE STAPLES ECKERT OF ESTI- DEATH MATED 1 25 1947 1 25
Poc ent	3 S	EX 4 RACE S. DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF JNDER 24 IRS 2C DATE PRONOUNCED DEAD 2d HOUR
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Pag vith Sto		Salisbury Name of Hospital Or Institution (If not in hospital like a usual occupation (Kind of work done during most of working life even if retired) Noustry
er d		Salisbury Peninsula Gen. Hosp. during most of working the even it refired INDUSTRY USUAL RESIDENCE (Where deceased fixed, f institut on Residence before) [3c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
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ours im T fice nd2	-	FATHER S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
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ed y		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed name of Medical Medical permit of within		PART. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Werned
ex penil f Mi f Mi f mi		Conditions, if only, which gove) Due To, OR AS A CONSEQUENCE OF
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INER: This certificate should be executed within 24 hours after deoth a certificate, writing the word "penilling" in pencil in Item 18 Give Pages should be forwarded to the Chief Medical Examiner's Office along with far files. Should be used as a bunal-transit permit file pages lond 2 with the State action, or removal, and in any event within 72 hours ofter deeth.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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ical Examiner: This certificate execute the certificate, writing this for your files. CTOR: Page 3 should be used as a buriol, cremation, or removal, and	CERTIFICAT ON	190 DAYE OF OPERAT ON 196. CONDITION FOR WHICH OPERAT ON 20 AUTOPSY? WAS PERFORMED?
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NER: Recent Shoul files. Shou	MEDICAL	CAUSE OF DEATH P M 19 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R FD. No. City or Town County State
		WHILE NOT WHILE of factory, affice building, etc.)
DEPUTY COICAL EXAMINER: reessory, please execute the cert may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation.		22a certify that I took charge of the remains described above, held an Autapsy , Inspect on , Inquity , and in my apin an
CAL For lor L		death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner
pleose e durector estamed DIRECTOR Or to bu		CHIEF MEDICAL EXAMINER
ITY DIC.		ACTUAL SIGNATURE
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TOPPER TO	47	Robert H. Watson

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Signature of the state of the s	MEDICAL	(If either, notify medical examin	er) P.M.	19			
G PHYSICIAN: the hospitol or this certificate detached for u	25	21d INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME FARM, ST OFFICE BUILDING I	RELT FACTORY.) 21f. LOI	CATION Street or R.F.D. No	Cty or Town	County State
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=	220		23b DATE	23c NAME OF CEM	ETERY OR COL	HATORY	OCATION (CA T	II V
2	B1	REMOVAL (Specify)	1- 27-69	Green			23d LOCATION (City or Town)	(Caunty) (State)
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necessory, p the funeral is moy be re 5 moy be re TO FUNERAL I Health prio	230		DATE			OR CREMATORY		vn, ar county) LOCATION (City or Tav	-1 //	
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Rom	24	FUNERAL DIRECTOR	, , , , , ,		ORESS C		2Sq REC'D BY REG	ISTRAR 2Sb. RE	GISTRAR'S SIGNA	co, Mary land
VR A15ME [5]		HOLLOWAY & CO	MPANY. S	ALISBURY.	MARYL			1000 (80		



					EPARIMENT OF HEA		1003	
•		3169 .	DIVISION OF VITAL RECO		TE OF DEATH	JKE, MAKTLANU ZI	92087	,
hours after death		CEASED NAME First				a. DATE OF DEATH	N. V	2b. HOUR
		DEL				January	21, 1969	2:00P4
	3. SE)	Female	4. RACE Colored	2	Vov. 8, 190	8 6 AGE (In ye		IF UNDER 24 HRS HOURS MIN
r	com	RTHPLACE (State or foreign Lincess An	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	HETEK MAKKED DE	OUNTY OF DEATH WICOMICO		Md
1		Y OR TOWN OF DEATH Salisbury	Deer s Hea		and tal durag most o	CCUPATION (Kind of war		
1	13a l adm s	JSUAL RESIDENCE (Where dece s.oo) STATE Mary Land	ased lived, if institution. Residence b	efore 13 CITY OR IT Prince Anne		13e. STREET AND NUA	ABER 1. Box 302	
ĸ	14 F/	JOSEF	Niddle S.	#2/e 15.	NOTHERS MAIDEN NAME FIRST		ddle Corni	S S
		WAS DECEASED EVER IN U.S. A) is, na, or Linkhawn) (If yes give			S. Sandra V		5/2 1300th	Stanch
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	8		ONDIT ONS CONTRIBUTING TO DEATH 6 CONDITION FOR WHICH OPERATION V		HE TERMINAL DISEASE OR CONDI) VDINGS CONSIDERED IN CER	RTIFYING
	E	210. ACC DENT WAS UNDERLY	TING 216 TIME OF INJURY	Sat. How	YES NO	CAUSES OF DEATH?		
	EDICA.	OR COMIR BUT MG CAUSE OF OR (If either, notify medical exam	HOUR AM Manth Doy	Yeot 19				
		While Not while			TION Street or R.F.D No	City or Town	County	Stote
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		22b SIGNATURE	machill	MY DEGREE	ATTENDING MED DIRECT	FOR STAFF PHYS	1/21/69 Maryland	
1			C. Mitchell, M. 1		Deer's Head			ury,
	B	BURIAL, CREMATION, 23b REMOVAL (Specify)	125 /69 Me	TOOPO	tan h	PLOCATION (City or Tay	Thine, Som.	(State)
18	8	harballe	Ward-Mario	usta,	Mol DATE DATE	27 1969	The signal are	Age.



	1	MAKILAND STATE DEPARTMENT OF HEALTH
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1	CERTIFICATE OF DEATH
- Z-4		ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
eart eart		Type or print) O ATOMO = 1 CO TO Month, Doy Year
a Aza	3. 9	
# (1		lost birthday) Months Days Hours Mun
S S S S S S S S S S S S S S S S S S S	70	
hau in brins, rrs,	196	BIRTHPLACE (Stole or foreign 75 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. COU
in 24 in 24 paper phin 72	1	NO
cate the executed within 24 haurs after death strain and campletely filled in by the control please remaye carbon papers, and any eyent, within 72 hours event death	10.	
with telly with the control of the c		alisbury Peninsula General Hospital Rosinson Mone
pxecuted with ind campletely f remove carban s any event, with	130 odn	USUAL RESIDENCE (Where deceosed lived) Institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM TS2 13e. STREET AND NUMBER 13d COLINITY
com com		MARYLANIS WORCESTER YHAKEYYILLEYES NOXI
and ca	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
2 2 2 2		MERRILL LEWIS ELIZABOTH LATCHMM.
Advises that the death certificated physician. Signed by the attending physican burial-transit permit. Then please burial, crematian, ar remayal, and it		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address
E ≥ 10	П	(es, nd drunknown) (If yes govelwar or idales of samue) MRS. ALTAN LANGTON WHALEN VILLE
g phy Then		Lin CAUSE OF DEATH (1)
ne death cei attending p permit. The	П	PART I. DEATH WAS CAUSED BY:
ne deat attendi permit. ian, ar r		MMEDIATE CAUSE (0) CONTROLLED SELLED
he ad		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)
at the the rail grant		rise to immediate course (a) (b)
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NING PHYSICIAN: The law requires that the death cert by the haspital ar attending physician. Ther this certificate has been signed by the attending plus deflached for use as the burial-transit permit. There is the burial transit permit. The State Dept. of Health prior to burial, crematian, ar reman		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
ing ing he ta	I z	
end lay	ĮĔ	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
R ATTENDING PHYSICIAN: The law re retained by the haspital ar attending ECTOR: After this certificate has been 3 shauld be detached for use as the with the State Dept. of Health prior to	CERTIFICATION	YES NO CAUSES OF DEATH?
ar ar eath		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
A 音音音音	MEDICAL	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19
A VSI a Sp a Sp a Sp a Sp a Sp a Sp a Sp a Sp	MEC	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FATIORY) 21f IDCATION Street or R.F.D. No. (1th or Town County State
G PHYSIC the haspit this certi detached	П	While Not while at work of work
	1	
		22a. I certify that (1) (this hospital) attended the deceosed from 1967, ta 1-16, 1967, ta 19
TEN SECTION OF THE SE	П	causes stated abave, (1) (we) (did) (did nat) view the body offer death.
OR ATTENDING De retained by the NRECTOR: After it e 3 should be de ed with the State	П	22c DATE SIGNED
OR OR I	L	100 cleu & Ellet DEGREE PHYS DIRECTOR D STAFF DI 1-16-69
A 50 00 00 00 00 00 00 00 00 00 00 00 00		22d Phrisician's 22e. Address
ERA HE		NAME (Type)
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 5	230	BURIAL, CREMATION, 23b. DATE , 23c NAME OF CEMETERY OR CREMATIONY 23d LOCATION (City or Town) (County) (Stote)
P P P P P P P P P P P P P P P P P P P		SEMOVAL GOOGLY 1/20/09 OCEAN SIDE STATON ISLAND N.X.
F F	24.	JUNERAL DIRECTOR ARDRESS 250, REC'D BY REGISTRAR 250, REGISTRAR 5 SIGNATURE
VR A15 (4) 45M - 1, 69		home A. Burbage Bulin Mr. DATE JAN 21 1969 purales Jusce:
.,.,	1	Unit The Country of t



-3/ 1	Division of STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE, MARYLAND 21201
1 2 2 2	71690	CERTIFICATE OF DEATH	71389
campletely filled in by the funeral avec carban papers. Pages 1 and 2 y event, within 72 hays after death.	D COUNTY b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	MARYLAND O. STATE O. STATE O. CLENGTH OF STAY IN 16 C CITY OR TOWN (1) OUT OUT OUT OUT OUT OUT OUT OUT	Where deceased lived, if institution Residence before admission) b. COUNTY LA / U > (LC U > 1 C O Utside carporate limits, write RURAL and give nearest town)
hin 24 haur filled in by papets	d NAME OF First	V	PLEASANT RURAL ON A FARM? YES NO [
completely in mave carban my event, with	(Type or print) S SEX 6 COLOR OR RACE 7 MA	11	P AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min
physican and campen physican physican physican and campen physican	100 USUAL OCCUPATION (Give kind of work done during master working life, even if retired) 13. FATHER'S NAME	ELFEM PLOYED MT PUEN. 14. MOTHER'S MAIDEN I	8 State, or foreign country) SANT MICNO 12 CITIZEN OF WHAT COUNTRY? NAME COUNTRY?
ne death certif attending phy permit. Then ian, ar remava	15 WAS DECEASED EVER IN US ARMED FARCES? (Yes, no, or upknown) If yes give nor addes of service) 18 CAUSE OF DEATH (Enter only ane couse per	I MRS CUVID	E F. HAMOND MT READY INTERVAL BETWEEN
e faw requires that the death certificate be executed within 24 haurs after death trending physician. as been signed by the attending physician and campletely filled in by the funeral as the burial-transit permit. Then please remave carban papers. Pages I and priar ta burial, crematian, ar remaval, and in any event, within 22 haurs after death	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (c)	Carden Ars	ONSET AND DEATH
PHYSICIAN: The law rate haspital ar attending this certificate has been efached far use as the Dept. af Health priar ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COL	YES NO
IDING PHYSICIAN: The law rail by the haspital ar attending After this certificate has been I be defached far use as the state Dept. af Health priar ta	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	20d INJURY OCCURRED While Not While of work at work of the bldg, etc.	n, 20f (City or town) (County) (State)
OR ATTEN be retained DIRECTOR: ge 3 shault	21. I certify that (I) (this hospital) saw the deceased alive on 220. SIGNATURE 22c PHYSICIAN'S NAME (Type)	attended the deceased fram 1968, and that death accurred at M.D. ATTENDING PHYS. 22d ADDRESS	19 A., ta, 19 A, that (I) (we) last 2 AM, fram causes and an the date stated abave. MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED PHYS. 2 1 6 9
TO HOSPITAL Page 4 may See 10 FUNERAL Compared director, page See 3 should be file	230. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 24 FUNERAL DIRECTOR	7 NAME OF CEMETERY OR CREMATORY MT, PLCASANT ADDRESS BLANCE 250. RECT	23d. LOCATION (City or Town) (County). (State) POY CLLY! LLG VIC MD D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE N 2 7 1969 VOLUME Quedas

MARYLAND STATE DEPARTMENT OF HEALTH



	1			ID STATE DEPARTMENT OF HE		
		0169.		, 301 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21201	1 1 2 C D
	-			CERTIFICATE OF DEATH		11350
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	3. 5	With	1. A. RACE	Hacris de.	Junyary 3	1769 1203 M
	1, ,	,	4. KACE	S DATE OF BIRTH		IF UNDER YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN
	70	M c/e BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	D-P812 23 1	704 /2 4 YRS	
		ntry)	176 CHIZEN OF WHAT COUNTRY?	MAKKIED [METER MAKKIED]	COUNTY OF DEATH	
	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		OCCUPATION (Kind of work done	Md Md
ha ^{ar}	2	SALISBIRA	give speet address)	GENGERL HOS OWN	of working life even if retired I	126 KIND OF BUSINESS OR INDUSTRY A ESTA-CEART
	13a adm	USUAL RESIDENCE (Where deceossion) SIATE	ed liver if institution. Residence before	13c - TO OR TOWN / And INSIDE CITY LIMITS	47.7	
ž	14	FATHER'S NAME F 158	Middle Lost	IS MOTHER'S MAIDEN NAME First	Middle	Lost
	L	Wikkiam	A. HARRIS	FEARL	BAILEY	
		WAS DECEASED EVER IN U.S. ARM es, no. acontribown) (If yes give w	AED FORCES? 16b. SOCIAL SECURITY Par or dates of service)	NO 17 INFORMANT	Address	144
	<u></u>	100		Alks William	A. MARRIS SIN	W SILL MO
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one cause per one for (a) (b) and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
			ATE CAUSE (0)	•		4 days
		7	DUE TO, OR AS A CONSCOUENCE OF	P +' - 0'	1	wol
		Conditions, if any, which gove a rise to immediate couse (a).	(b) friterio		unelso,	Numar
		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	buse	ulan duska	
		lost.	(c)			
		PAKT Z DIMEK SIGNIFICANT CON	INTERPRETATION OF THE BELL W	IOT RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART I(o)	
	NE NE	190 DATE OF OPERATION 196.0	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NICHOLDED IN CEDTIEVING
Х	CERTIFICATION	THE STEERINGS	One world or which of the light life (YES NO NO	CAUSES OF DEATH?	HISDERED IN CERTIFUNG
	CERT	210 ACCIDENT WAS UNDERLYING	G 216. TIME OF INJURY	21c HOW INJURY OCCURRED (Enter no	sture of meny in Port 1 or Port 2 II	iem 181
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Manth Day Year		note of inputy in four thoriton 2, if	- 10 J
	MED	(If either, notify medical examin 21a. INJURY OCCURRED 21a.	PLACE OF INJURY (AT HOME, FARM, STREET, FA	GORY.) 21f LOCATION Street or R.F.D. No	City or Town	County State
		While Not while of work	OFFICE BUILDING, ETC.	1	2 /2 /	Ca
		22a I certify that (I) (thi	is haspital) attended the deceas	ed from /2/3//19 be	, to// J / 19_	of, that (I) (we) lost
		saw the deceased al	live on 1 1/3/	19 6 4, and that in (my) Lour Copinio	n death accyrred on the dat	e and hour and from the
		22b SIGNATURE	(I) (ye) (did) (did not) yew the	body after death.	' '	
		220 SIGNALIKE	11.6-1	DEGREE PHYS DIRFO	STAFF m	ATE SIGNED
		22d. PHYSICIAN'S	71	DEGREE PHYS. LET DIRECT	CTOR PHYS	
1		NAME (Type)		228. AUURESS		
	230	BURIA., CREMATION, 236. D	DATE / 23c NAME OF	CEMETERY OR CREMAJORY 2	3d LOCATION (City or Town)	(County) (State)
		BURIAL, CREMATION, 236. D	16/1969 500	THE BAPTIST	Snow Hill	MO
0	24.	FUNERAL DIRECTOR	ADDRESS	2So REC D BY R		GN JUNE GR
1	1	Sudlad Lin	and - Sugar	Nell M	ानगर् ह	Q. 4

have a survey .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31695 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) **b** COUNTY a. COUNTY Micomico Micomico MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits write RURAL and give regrest town)
Fruitland Rruitland d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? Cedar Street Comar Street YES NO 🔽 requires that the death certificate be executed within 3 NAME OF 4. DATE Middle Eirst Year DECEASED 19 6 9 Blizabeth (Lizzia Henry DEATH January (Type or print) IF LNDER 24 HRS. 9 AGE (In years IF UNDER 1 YEAR S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 7 last birthday) Manths Dec. 1,1890 WIDOWED DIVORCED IDa USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if retired) INDUSTRY Maryland None 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Angeline Graham Andrew Address 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dates at service Hilda Dorsey Fruitland, Maryland INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART I DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse to immediate cause (a). DUE TO stating the underlying cause PART I! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELACEDATO THE TERMINAL DISEASE CONDITION GIVEN IN PAR WAS AUTOPS'
PERFORMED? TO FUNERAL DIRECTOR: After this certificate 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18. 20a ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 2Dc TIME OF INJURY Manth, Day, Year factory, street, affice blda, etc.) 22, 196 (that (1) (we) last 21. I certify that (1) (this hospital) oftended the demoased from_ and that death accurred a M. from causes and on the date stated above. saw the deceased alive an 22b.) DATE SIGNED 220 SIGNATURE MED DIRECTOR STAFF PHYS. 22d ADDRESS 22c. PHYSICIÁN'S NAME (Typg) shauld 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)
Burial Salisbury i i e omi e o Md. 25/69 Freen Arees Cemetery 25b REGISTRAR SAGNALIRE 250J REGIS BY REGISTRAS 69 **ADDRESS** 24. FUNERAL DIRECTOR



port"		1				EPARIMENT OF					
-			01699	DIVISION OF VITAL RECORT			TIMORE, N	IARYLAND 2	1201		
		<u> </u>			CERTIFICA	TE OF DEATH					
	bing PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filed in by the funeral be detached for use as the burial-transit permit. Then pleating any event, within 72 haurs after death. State Dept. of Health prior to burial, cremation, ar remayal, and is any event, within 72 haurs after death.		ECEASED NAME First [Vipe or print]			HENRY	20 DATE	OF DEATH Manth	Day	1969	13 P. M
	fun fun ter	3 S		4 RACE	S	DATE OF BIRTH		6 AGE (In v	ears		E UNDER 24 HRS.
	S E S S	L	EMALE	nego		may 15.	1912	last birtha	oy) YRS	MONTHS DAYS	HOURS MIN
	ng (20 g)	7a.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	B MARRIED	NEVER MARRIED	9 COUNTY	OF DEATH			
	d vind of 7/2	L	2 slower	KSA	WIDOWED	DIVORCED .	Wic	omico			Md
	f fee	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF give street address)	R INSTITUTION (If not			ON (Kind of wa		126 KIND OF BE	ISINESS OR
	with tely bar	S	alishry F	Peninsula Gene	ral Hos	pital (مسم	itit.		INDUSTRI	
	The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and completely fill se as the burial-transit permit. Then please carbon pose to burial, cremation, ar remaval, and is any event, within the prior to burial, cremation, ar remaval, and is any event, within the prior to burial, cremation, ar remaval, and is any event, within the prior to burial, cremation, ar remaval.	adm	ussian) STATE Where decear	sed fived it institut an Residence before 13b. COUNTY	13c CITY OR TO	h A	LIMITS7 [13e	STREET AND NU	MBER		
	exe out	14	FATHER'S NAME First	Middle Las	15 A	NOTHER S MA DEN NAME	First	1	Middle		last
	A 5 12		Sannal	F. Henry	/	Janes la	宏.	New	Mi.		
	and		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b SOCIAUSECURI	ITY NO 17 INF	ORMANT	40	D D (A	ddres		
	ahys an p aval,		es, no di ankildyn)	war or dayes or sarvices	Em	mo mas	3	トセガ		Tourses	le & al.
	The The			nly one cause per line for (a), (b), and	(c).)	1	A			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	endi mit arr		PART I DEATH WAS CAUSE IMMEDI.	ATE CAUSE (a)	o preal	"Norus	< K ha	9.0		11	was
	arth on,		, , , , , , , , , , , , , , , , , , ,	DUE TO, OR AS A CONSEQUENCE		1		1 1			
	at t		Canditians, flany, which gave rise to immediate cause (a),		ouzn st sus	e cancio	VOLC	ulen C	15 eas	e 41	25
	The law requires the attending physician has been sigilled by se as the burial-trath priar to burial, cre		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	OF						
	hysi hysi glie uria uria			(c) (c) NDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO T	HE TERMINA DISEASE OR	CONDITION G	VEN IN PART 1/a	1		
	req properties of the properties of the properti				THE RELEASE TO IT	TE TERRITORY DISEASE OF	COMPON O	TEN IN I MAN 1 1/0	')		
	law endii bee us th	ATIO	190 DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a AUTOPSY?			NDINGS CO	ONSIDERED IN CER	TIFYING
	The after house se control of the pool of	CERTIFICATION				YES NO	CAU	SES OF DEATH?			
	I ar ate our unterlieur		2 to ACCIDENT WAS UNDERLY!		2ic HOW	INJURY OCCURRED (Ente	er nature of t	njury in Part 1 a	Part 2, I	tem IB.)	
	SICK Spital Spit	MEDICAL	(If either, natify medical exami	iner) P.M.	19						
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certrificate director, page 3 shauld be detached for u shauld be filed with the State Dept. af Healt	2	While Nat while	. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 211 LOCA	TION Street or RFD No	a (ity ar Tawn		County	State
	NG the the de		22a l certify that (1) (th	us haspital) attended the doce	acod from	- 12 10	69_, to_	1-12	10	69 , that (().(we) last
	Affr d b d b d b		Saw the deceased a	ns haspital) attended the dece		hat is (my (aur) an	inian deat	h accurred an	the dat	te and havr ar	id from the
	TITE aine For Haul			e([] (we)(did)(did nat) view t	he bady after dec	oth.					
	OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		22b SIGNATURE	-63.00 al	MO DEGREE	ATTENDING	MED	STAFF _	220 0	ATE SIGNED	
	y be y be gas filed		22d. PHYSICIAN'S	Screen Control,	DEGREE .	PHYS 220 ADDRESS	DIRECTOR L	J PHYS L	1	1-12-0	9
	ERA ERA Ir, p		NAME(Lype) Juny	Bulkelev			LSDul	y . PIU .			
	TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A directar, page 3 should should be filed with the	23 g	BURIAL, (REMATION, 23b		DF CEMETERY OR CR			TiON (City or To	(תא	(Caunty)	(State)
	5 5 5 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		REMOVAL (Specify)	an, 18 1969 Pi	ulses	Cemeter	10	une	1	Lako.	ware
	VR A15 (4)	24.	FUNERAL DIRECTOR	ADDR	ESS	2So RECD	BY REGISTRAR	69 25b PE	USTRAR'S	SIGNATURE	2.





- 1		LAND STATE DEPARTMENT OF		
1	Item13 FilmGh09 2/17/69 kk	RDS, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	IIMURE, MARYLAND 21201	3169
	DECEASED-NAME F1st Middle	CERTIFICATE OF DEATH		
	(Type or print)		January Month 26, Doy 19	2b HOUR
4	FRANK N.	HOWARD 5 DATE OF BIRTH		1.122Am
7		Oct. 29.	Look books dood 1000	NTHS DAYS HOURS MIN
7	Male White BIRTHPLACE (Stote or fore.gn 7b CITIZEN OF WHAT COUNTRY?			
((Laryland U.S.a.	MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
10	CITY OR TOWN OF DEATH	OR INSTITUTION (if not in hospital 120 USI	WICOMICO UAL OCCUPAT ON (Kind of work done	PW W
71	Salisbury Deer's Hea	d State Hospital	nost of working life, even it etired). nd & gravel cust	25 KIND OF BUSINESS OR INDUSTRY ness
2.2 00	la USJAL RESIDENCE (Where decensed lived of institution Residence E	efore 13c CITY OR TOWN 13d INSIDE CTY	LIM TS? 13e STREET AND NUMBER	
5 5		Hur4ock/	- Manery St Autres	77777
- 14 - 14		ost IS MOTHER'S MAIDEN NAME		Lost
- m2 ²	Frederick Howard 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEC	Sallie	Andrew	
57	Voc no or unknown? 1 (It was now were or dates of service)		Address	250
=		-236I Mrs. Grace	Mcfuay Baston,	I d
	18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), a PART I. DEATH WAS CAUSED BY			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) FIRE UNIOT			3 days
	Conditions, if only, which gove) DUE TO, OR AS A CONSEQUEN Conditions, if only, which gove)			
	nse to immediate couse (a)	l vascular accident,		12 yrs
	stating the underlying couse DUE TO, OR AS A CONSEQUEN	CE OF	plegia	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	D IN MOVE BY A VICE TO A V		
		BUT NOT KEERIED TO THE TERMINAL DISEASE UK	CUNUITION GIVEN IN PART I(0)	
- 2 more	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION V	VAS PERFORMED 20g. AUTOPSY?	206 IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
2		YES NO [CAUSES OF DEATH?	
9	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	21c HOW INJURY OCCURRED (Ent	er nature of injury in Port 1 or Port 2, Item	1 18.)
MENSCAL	GI or CONTRIBUTING CAUSE OF DEATH (If either, notify medical examener) HOUR A.M. Month Day P.M.	Yeor 19		
1			o City or Town C	County State
	While Not while Of work of work			
	22a I certify that (I) (this haspital) attended the desaw the deceased alive an January 26,	ceased from December 7, 196	0_, to January 2619 69	, that (we) last
	saw the deceased alive an January 26, causes stated abave, (A) (we) (did) (did nat) view	19 69, and that in (XX) (aur) ap	onian death occurred on the date	and haur ond from the
	22b SIGNATURE	the body after death	00 DAT	F PLONES
2 A TEST WARRANT	12 3 A Son J-lay 1	DEGREE PHYS	MED STAFF (22c. DATE DIRECTOR PHYS (27)	169
	22d. PHYSICIAN S	DEGREE PHYS L_I 22e ADDRESS	DIRECTOR LA PHYS LA A/21/	21801
	NAME(Type) A. C. Mitchell, M. I	Deer's He	ad Mospital: Salisb	
23		AE OF CEMETERY OR CREMATORY		County) (State)
(Y) 1"	menosina so s a la la s	ncord Cemetery	Federalsburg.	LLD.
24			BY REGISTRAR 2Sb REGISTRAR 5 SIG	
69		Levelstone, md. DATE 1	IN 29 1969 Poliar	la ludac
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_	1	MARILAND STATE DEPARTMENT OF HEALTH	
	1	0.1.70 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	1035
		CEASED NAME, 1 1 / First Middle Last 2a DATE OF DEATH	2b HQUR
	1	ype or pnot) [111 am T. HUDSEN, JA, TANIAK Month 3 Doy	Year F M
	3 5	X A 4. RACE A S DATE OF BIRTH	IF UNDER 1 YEAR IF UNDER 24 HRS
	L	Male white nov. 1, 1892 (ast birthdoy) VRS 1	MONTHS DAYS HOURS MIN
)	7a	BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	L	"Del, U.S.A WIDOWED DIVORCED Wiconu	and Md
1		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital State of Guring most of Work ng ite, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
. 1	130	USUAL RES DENCE (Where deceased 1 yed, if institut on Residence before 13% CTY OR TOWN 13d JASIDE CITY DIMAS) 13e STREET AND NUMBER	
7		SSIGN) STATE Del, U Not COUNTY Sussey Clobyrelle YES NO TO	
	14	ATHER'S NAME First Maidle Lost G MOTHER'S MAIDEN, NAME First & Middle	last
	160	WAS DECEASED EVER IN S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address	Huason
	1	es, no al unknown) (14 ves give war or dates of service) 221-20-1910 Williams R. Hudson S.	elbyrelle, DD
		18 CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c))	APPROXIMATE INTERVA.
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardene Standard Cause (a)	
		4/0 9 DUE TO, OR AS A CONSEQUENCE OF	
		Canditions, if any, which gave) (b) acute Negroardial Descarture	21 hours.
		The state of the s	Wear
		lost (c) A SCVD.	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	
	NO	Pysti Ulea & B. I. Bloding.	
X	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
1	ERTIF	TES NO	
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY HOUR A.M. Month Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, lie	ım 18.)
	MEDICAL	(If either, natify medical exominer) P.M 19	
	-	21d. INJURY OCCURRED While Not while at work a	County State
			2 Al A 201 2
		saw the deceased glive an $1-3$ 1942, and that in (my) (ear) opinion death accurred an the date	2 , that (I) (we) last
		causes stated abave, (I) (we) (did) (did not) view the bady after death.	Zana naor ana nam me
		A TITALONIA MATERIAL	ATE SIGNED
		ACTOR DEGREE PHYS DIRECTOR PHYS.	
1		22d PPYS:(IAN S NAME (Type) 22e ADDRESS	
	00		
	230	GURAL REMATION, 236 DATE 230 MAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) REMOVAL (Specify) Jan. 5, 1968 Red Meris Selbyvell Su	(County) (State)
	24.	PRINCE AND THE PROPERTY OF THE	CLATURE
	1	ichard T. Glatan Selbundle fiel DATE DATE	was Judge -
F	1/6	Trace of Class Try Willy, 1161. DAIL	



_	1	MARILAND STATE DEPARTMENT OF HEALTH									
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
***	1703 CERTIFICATE OF DEATH										
- 24		ECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR									
equires that the death certificate be executed within 24 pours after death. physician. signed by the attending physician and completely filled in by the uneral burial-transit permit. Then please remove carbon pagers. Pages I and 2 burial, crematian, ar remayal, and many event, within 72 hours after death.	(ype or print) 1 0 TT/F									
inna I c	3. S	X 4 RACE (S DATE OF RIPTH A ACCE (ID GROVE) IF INDER LYSIN OF INCIDENCE A HOLD OF A									
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n by Page	70										
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24 24 24 1777	1.04	MANUEL U.S.H WIDOWED DIVORCED & Alcomico Md									
這 章 章 0 2	10.1	11 NAME OF HOSP, TALOR INST. TUTION (If not in hospital during roof) of working life, even if retired.)									
Mitthe Age of the Age		24-133424 TENINSULA GEN. HOSP KELLING HOUSEKETS									
ed call	13a. adm	USUAL RESIDENCE (Where develosed lived if institution Residence before 13c (STY OR TOWN 413d INSIDE (FY A 132) 13e STREET AND NUMBER (SSIGN) STATE (136 COUNTY) 136 COUNTY (137) 137 138 STREET AND NUMBER									
/ / ex gui		MARYLAND 136 COUNTY SOMESSET Nead Is fairly YES NO Main Road									
	14	ATHERS NAME First Middle Last 15 MOTHERS MAIDEN NAME First Middle Last									
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 be retained by the hospital or aftending physician. SIRECTOR: After this certificate has been signed by the aftending physician completely filled e. 3 should be detached for use as the burial-transit permit. Then please remove carbon page ed with the State Dept. of Health prior to burial, cremation, or remayal, and many event, within 72 permit the State Dept.	13	TOSEPH WESLEY HUGHES FLORA HARRIS									
an one		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT									
hys all	'	es, no, or unknown) Wyes give war or dates of service Uses now of Throng Curtar Deal Sand and									
no cert		APPEDAIMATE NTERVA									
Tree Line		PART I. DEATH WAS CAUSED BY:									
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e a a b b b b b b b b b b b b b b b b b		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF THE CONTROL OF TH									
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tra by		stating the underlying cause DUE TO, OR AY A CONSEQUENCE OF									
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ence s pario	E.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
A Fise bound	CERTIFICATION	YES NO									
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NG ter ter tate	ı	220. I certify that (I) (this hospital) attended the deceased fram 11/11, 1968, to 1968, that (I) (we) last									
NDI Id b Id b	ı	saw the deceased alive and 1/16 9 19 and that in (my) (our) opinion death arrured on the date and hour and from the									
O Single Party of the state of		couses/stated-abave, (I) /we) (did) (aid) (aid) (view the body after death.									
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DIR be		DEGREE PHYS DIRECTOR PHYS I 1/1/68									
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HO BE	23a	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATURY 23cd OCATION (City or Town) (County) (State)									
5 ₅ 5 _{.9} ₹		Surral 1/5/69 JOHN WESLEY Sed Island Son Did									
VR A15 (1)	24	FUNERA DIRECTOR 250 REGISTRAR SIGNATURE									
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1		01702	DIVISION OF VIT			STON STREET, BAI TE OF DEATH		MARYLAND 2120	01	697	
2 5	1 DI	CEASED NAME Frist		M:ddle		Last		E OF DEATH			2b. HOUR &
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Athe fune	3. SE		4. RACE			DATE OF BIRTH		6. AGE (In years	IF UNDER	I YEAR IF I	UNDER 24 HRS.
ŧ	l	male	wh	ite		Oct. 10,	1896	6. AGE (In years last birthday)	YRS. MONTHS	DAYS HO	OUR\$ MIN
CIOC	7a 1	BIRTHPLACE (State or foreign	76 CITEZEN OF WHAT			NEVER MARRIED		OF DEATH	183.		
21/2	cont	aryland	U.S		WIDOWED [DIVORCED 🔀		Wicomi	00		Md.
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adira.	S	alisbury	give stree	e Bluff	Stat	e Hosto	most of worl	king life, even if retire orer	d.) INDUS	TRY	_
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00.	odm M	ssion) STATE aryland	1 13/5 COUNTY	oline I	ender	SON YES	NO 🔁	_			
		ATHER S NAME First	Middle	Last		OTHER'S MAIDEN NAME	First	Middl	6	1	Last
		John	-	Hugh	nes	4	Anna		- R	Robin	nson
	160	WAS DECEASED EVER IN U.S. ARME		. SOCIAL SECURITY N	O. 17 INFO	RMANT reco.	rds o	I : Addre	5\$		
	Y	es, no or unknown) (If yes give wo	or dates of service) 2	14-10-0	772	Pine Bl	uff S	tate Hos	pital	,	
		18. CAUSE OF DEATH (Enter only	one couse per line fo	or (a) (b), and (c))					ar a	APPROXIMATE ETWEEN ONSET	INTERVAL
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	ı	412X		CONSEQUENCE OF	10110110						
		Canditions, if any, which gave)			obstr	uctive e	mnhvs	ema		3 V6	ears.
		rise to immediate cause (a) (stating the underlying cause)	1-/	CONSEQUENCE OF	00001	accive c	mprry.~	Cinc			2002
		lost.	(c)								
2		PART 2. OTHER SIGNIFICANT COND		TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE O	R CONDITION	GIVEN IN PART I(a)			
			•								
	CERTIFICAT ON	19a DATE OF OPERATION 19b O	ONDITION FOR WHICH (OPERATION WAS PER	FORMED	20a. AUTOPSY?		b. IF YES, WERE FINDIN	IGS CONSIDERE	D IN CERTI	FYING
2	E E					YES NO	S3 C	USES OF DEATH?			
g- 40		21a ACCIDENT WAS UNDERLYING			21c HOW	INJURY OCCURRED (E	nter nature of	injury in Part 1 or Pa	rt 2, Item 18.)		
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. N P.M.	lanth Day Year 19							
	ME.	21d INSURY OCCURRED 21e i	LACE OF INJURY (AL	HOME FARM, STREET, FACT	ORY.) 21f LOCA	TION Street or R.F.D	Na.	City or Town	County	1	State
		at wark at wark									
		22a I certify that (1) (this saw the deceased all	hospitol)_ottend	ed the decease	d fram Ja	n. 12_, 19	69, to	Jan.15	19 69	that 🗱	(we) lost
		saw the deceased all couses stated abave,	ve on Jan.	15 19	9 <u>09</u> , and t	hat in (257)4 (our) o	pinion dec	ith occurred an th	e date ond	hour and	d from the
		22b. SIGNATURE	(we) (aid) time	Transf view life i	Jody uller de	31114			22c. DATE SIGI	NED	
		E. A.	mII.		DEGREE	ATTENDING PHYS	MED. Director	STAFF D	Jan. 1		1969
		22d. PHYSICIAN'S	TYLLEC	ugo_	DIONIL	22e. ADDRESS					
i		NAME (Type) E. P.	Ritchin	ngs, M.I	0.	Pi	ne Bl	uff Stat	e Hos	pita	al
\$	730	BUR AL, CREMATION 23b. D	ATE	23c NAME OF C	EMETERY OR CR	EMATORY	23d. LO	CATION (City or Town)	(Count	y) ((State)
		Burni(Selly) 1-	19-69	1	nsboro			nsboro,	,		
10	24.	FUNERAL DIRECTOR	0 1	ADDRESS	4	2Sa. RECT	BY REGISTRA	AR 2Sb REGIST	RARS SIGNATU		-
1/8	10	John E150	whomas	Luca	relea	DATEJA	N 2 1	1969	corlas	made	E.



1 001	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
1	CERTIFICATE OF DEATH 123	.1358								
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s after	Female White oct. 10,1898	YEAR IF UNDER 24 HRS. DAYS HOURS MIN								
2 2 3	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED A NEVER MARRIED 9 COUNTY OF DEATH									
	Birginia U.S.A. WIDOWED DIVORCED WICOMICO	Md								
within Son	Salisbury Peninsula Gen. Hosp. dun Anglis even if retired) MOUST	ND OF BUSINESS OR TRY								
uted or correct, event,	3a JSUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b COUNTY Pocomoke Pisch No. 2 13c STREET AND NUMBER R.F.D. 2									
exe ond o remo	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost								
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equires that the death certificate be exemphysician. signed by the attending physician and coburial-transit permit. Then please remoburial, cremation, or removal, and in any	Yes, na. orunknawn) ('yas give war or dates of sarvice) none Robert Hurley, Pocomoke City,									
he death cer e attending p permit. The	15 CAUSE OF VEALH (Enfer only one cause per line for (a), (b) and (c))	APPROXIMATE INTERVAL WEEN ONSET AND DEATH								
deal trend rmit.	IMMEDIATE CAUSE (0) CONCORD PRESENCE CONTRACTOR	5 hrs								
the direction of the control of the	Conditions it any, which gave) (b) Cha Levels Clere > 15 - higher ferry sun									
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Or or or and but us										
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	21d. INJURY OCCURRED While Nat while of wark of wark of wark	State								
by t by t After be o State	220 Landiffy that (I) I thus hamitally attended the desired from the 2 dec 10 dec to	that(I) (we) last								
ATTEN estoined CTOR: A should iff the	saw the deceased alive on	our and fram the								
R AIT refo	226 SIGNATURE ATTENDING ATTENDING STAFF 226 DATE SIGNED									
PITAL OR may be re RAL DIRE: RAL DIRE; r, poge 3 be filed w	Z26. PHYSICIAN'S ATTENDING MED DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIPLOTED DIRECTOR DIRECTOR DIPLOTED DIPLOTED DIRECTOR DIPLOTED DIPLOTE	67								
SPITA 4 mg 6, p or, p	NAME (Type) Frank Weaver Balisbury, Maryland									
TO HOSPITAL Page 4 may TO FUNERAL I director, pog	23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY ON REMARKS 23d LOCATION (City or Town) (County)									
2-2-74	BRANCY (Specify) 1-29-1969 Salem Methodist Pocomoke City-Work Operation of Address 250 RECO BY REGISTRAR PORT R									
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_	E				D STATE DEPART					
7	I	3170.	DIVISION OF		-301 W. PRESTON S		MORE, MARYLAND 2	21201	01/0	0
	L				CERTIFICATE OI	DEATH			97 0	''
ol oth.		ECEASED-NAME First Type or print)		Middle	Last		2a. DATE OF DEATH	Day	Year.	2b, HOUR
der der der		SA	DIE			SLEY	Januar y			1:20A M
nours after death by the funeral Pages I and 2 hoursefter death.	3 5	Female	4 RACE	/hite	S. DATE OF OCt.	^{віктн} 9, 1899	6 AGE (In last both	years day) YRS.		F UNDER 24 HRS HOURS MIN
In by	7a. cau	BIRTHP.ACE (State or foreign nary) Maryland	76 CITIZEN OF V	VHAT COUNTRY?	8. MARRIED NEVER M. WIDOWED 📉 DIV	ARRIED 9	COUNTY OF DEATH WICOMICO			Md
within 24 hours after death tely filled in by the funeral room papers. Pages I and within 72 hours efter death	10	Salisbury	11 I give Per	NAME OF HOSPITAL OR IN:	STRUTION (If not in hospitely meral Hospit	120 USUAL during mos	OCCUPATION (Kind of w st of wasking life, even if e wite	ork dane retired)	126 KIND OF BU INDUSTRY	JSINESS OR
executed with remove carbon rony event, with	13a	USUAL RESIDENCE (Where deceas	ed lived, if instit.	t on Residence before	13c CITY OR TOWN	136 INSIDE CITY LIM	157 13e. STREET AND N	UMBER	.1	
executed on complete can only event		<u>Maryland</u>		Wicomico	Salisbury	YES NO (_ 207 L. L		Street	
and a remo	14	FATHER'S NAME First Marion	Middle F •	Losi Morri		MAIDEN NAME Firs Lau		M ddle	Br	umbley
ertificate be physician o nen pleose noval, and in	160	WAS DECEASED EVER IN U.S. ARN		16b SOCIAL SECURITY		_		Address 4	19 Princ	-
rifico hysica n ple		(es, no prunknawn) (f yes give w	or or dates of service)	213-14-16	78 Mr. Joh	n F. Rei	chenberg, S			
		IB. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIA	y ane cause per l 8Y TE CAUSE (a)	line for (a) (b) and (c).)	ele S	20 +		APPROXIMA OLTWIEN ONS	TE INTERVA.
that the death an. by the attendi rransit permit. cremation, or r		Canditions, if any, which gave to immediate cause (a),	DUE TO, OR	AS A CONSEQUENCE OF	dessisting a	ortic c	arewym.		21	te.
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YSICIAN: aspitol or certificate hed for us of Heals	MEDICAL CE	21 a. ACC DENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify med cal examin	HOUR A.M.	Manth Day Year	, '		nature of injury in Part 1	or Part 2, t	em 18.)	
PHYS the has this ce detache e Dept	×				TORY.) 21f LOCATION Str		City or Town		County	State
Iby Affer Affer Stat		22a. I certify that (I) this saw the deceased al causes stated above	s haspital) at	tended the decease	ed from - 2 9 2, and that in	, 19 <u>6</u> ny) (aur) apini	ian death accurred a	n the dat	67, that (l)(we) last id fram the
OR ATTO		22b SIGNATURE	in W	Cred L	DEGREE PHYS	INC 3- MEI		22c D.	ary 2 4	/1969
HOSPITAL OR ATTEN ge 4 moy be retained FUNERAL DIRECTOR: gector, page 3 should nould be filed with the		22d PHYSICIAN'S NAME (Type) Dr. Ne	vins W.	Todd Jr.	22a AF	DRFSS ⁷	enter, Salisb	-l		<u></u>
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	24	FUNERAL DIRECTOR		ADDRESS		25a RECD BY	REGISTRAR 1969Sb R	CISTRARY	HOMATE PROPERTY	pt-
45,001 /68		HOLLOWAY & CO	MPANY,	SALISBURY,	MARYLAND	DATE	4 1909		,	



		DIV	ISION OF VITAL RECORDS				E, MARYLAND 212	201		
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		CEASED NAME First /pe or print)	Middle		Lost	2a.	DATE OF DEATH Month	Davi	v	2b. HOUR
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	3 . S		RACE 0		S. DATE OF BIRTH		6. AGE (in year	ors F JHDER	R YEAR 1	F UMDER 24 HRS.
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nn	13a	JSUAL RESIDENCE (Where deceased live	ed, if institution: Residence before	13c CITY OF	R TOWN 13d	INSIDE CITY LIMITS?	13e, STREET AND NUM	BER		
J	duri	isian) STATE 13	Wicomico	Salish	WICK	IS NO	CARHWRIGHT	- Avenue	2	
(14	ATHER'S NAME First	Middle Last		S. MOTHER'S MAIDE			ddle		Last
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	L	NO	818-16-75		Ms.MAS	RKFU	100 V	MISOUR	Y. 17	20
	1	1B. CAUSE OF DEATH (Enter only one	cause per line for (a) (b), and (c).}	r				APPROXIMA BETWEEN ONSI	JE INTERVA. ET AND DEATH
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V			DUE TO, OR AS A CONSEQUENCE OF	11						
		Conditions, if any, which gave and rise to immediate cause (a),	(b)	luc	nza					wh
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	ER	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. H	_	_	re of injury in Port I or	Part 2. Item 18.	.i	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	HOUR A.M. Month Day Yea	r l		\	, ,	-		
	됥	21d INTURY OCCURRED 21e PLACE	OF INJURY (AT HOME, FARM, STREET, FO	19 ACTORY, \ 21f. L	OCATION Street of	r R.F.D. No.	City or Town	Count	ty	State
		ot work			,		,			
		220. I certify that() (this ho sow the deceased olive causes stated above()	spital) attended the deceo	sed from	11/1	1949.	ta	, 1969	, that ﴿	L(we) last
	1	sow the deceased olive	gn	1965, an	d that in (my):	(our) opinian	death occurred on :	the date ond	l hour ar	nd from the
	ш	22b SIGNATURE	(we) (did) (did not) view the	body offer	deoth.			22¢ DATE SIG	CALED	
		20 SIGNATURE	diesen for	DEG	ATTENDING PHYS	MED. DIRECTO	OR STAFF	1-4-		
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3		NAME (Type)	WEAVER			SAL15 L		7 D		
	23 a	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c. NAME OF	_		/	LOCATION (City or Tow	, .	17	(State)
		KOLKLINK / V			137ETL.		PALISBURY	6100	-	7/3/
	24.	FUNERAL DIRECTOR	ADDRES	_	25	ALL AN 8	STRAR 25b. REGI	ISTRAR'S SIGNATI	UKE -	
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death.		ECEASED-NAME First (ype or print) Marti	n	Middle E1wood		Jacobs		DATE OF DEATH Manth Do	Y Year	2b. HOUR
ecuted within 24 haurs after death. Campletely filled in by the funeral lave carban papers. Pages thank 2 y event, within 72 haurs after death	3 5	MALE	4 RACE	Negro		S. DATE OF BIRTH May 5, 1		6 AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
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amplet amplet ave car	odm	USUAL RESIDENCE (Where deceose state) STATE Maryland	13b. COU	Wicomico		dela YES	NO	RFD #1, Box		
tan and see are and and in any		ATHER'S NAME First W.	Asb	ddle tost oury Jacob			Marth		ame unk	nown)
physical phy	100. Y	was deceased ever in us arm es, no or unknown)	r ar dates of sen			7 INFORMANT Leroy E. Ja	cobs,	Address , Mardela, Nd.	PFD #1	, Bx113
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PHYSICIAN: e haspital ar his certificate stached far us Dept. af Healt	MEDICAL CERTIF	210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR	P.M. 19				of injury in Part 1 or Part 2,	Item 18)	
ING PHYS by the has frer this ce be detache state Dept.	M	ot work ot wark 220. I certify that (I) (thi	haspital	URY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.) attended, they deveose	d from	7/5/1	9.69	(ity or Town)	County 69, that	State (1) (we) last
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt		saw the deceased al couses stated above 22b. SIGNATURE	ve an_ (I) (we)	(drd) (drd not) view the b	ady of te	and that in (my) (our) or death. GREE PHYS	MED DIRECTOR	CT STAFF CT	DATE SIGNED	ond from the
TO HOSPITAL (Page 4 may be To FUNERAL Director, page shauld be file	770	22d. PHYSICKAN'S NAME (Type) B_RIAL, CREMATION, 23b C	ATC	23c NAME OF C	EMETEDY	22e ADDRESS	234	LOCATION (City or Town)	(County)	(Stote)
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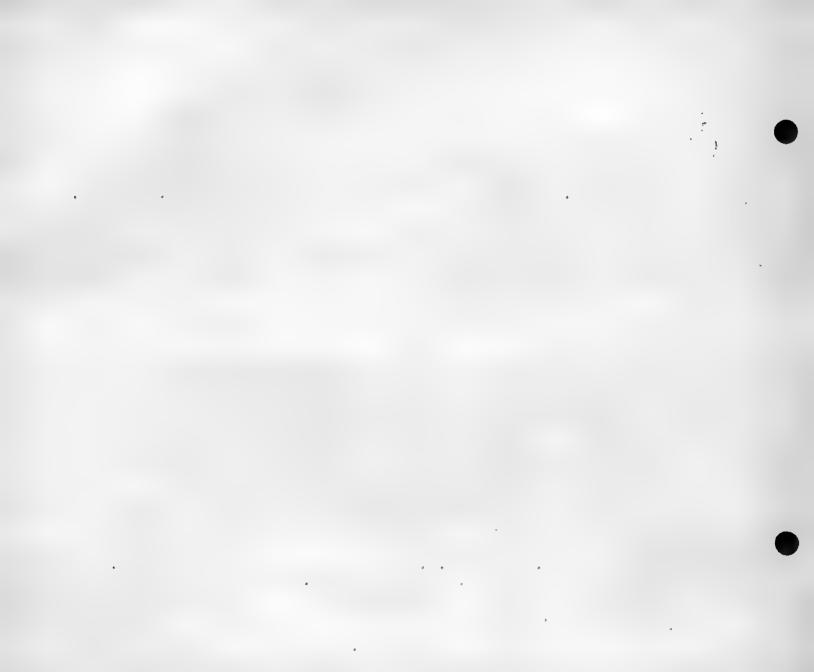


1	1		MAKYLAN DIVISION OF VITAL PECOPOS	D STATE DEPARTMENT OF	HEALTH	
•		917:0	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MIARTEAND 21201	4703
축 - <u>7</u> =		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b HOURP
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and		21a ACCIDENT WAS UNDERLYING	DIL TALLS OF MINERY	YES NO 5	4	
IAN al Bratfort for for Hec		OR CONTRIBUTING CAUSE OF CEATH	21b TIME OF INJURY HOUR A.M. Month Day Year	ZTC HOW INJURY OCCURRED (Ent	er nature of injury in Port 1 or Port 2,	Item 18)
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ING PI by the frer this be deta state De		22a. I certify that (I) (this	haspital) ottended the decease	ed fram Nov 5 19	68 to Jan 7 19	69 that (I) (we) lost
IND ed the ld b		sow the deceased only	re on Jan 7 1	od fram Nov. 5 , 19 . 969 , ond that in (my) (our) ap	inion deoth accurred an the do	ate and hour and from the
TY To sign of the state of the		22b SIGNATURE /	(I) (we) (did) (did nat) view the	body offer deoth.	100	DATE NOATED
OR ATTENI be retained DIRECTOR: A je 3 shauld		/ Son the and I	0 On to/11	DEGREE PHYS.	MED STAFE	DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: Rage 4 may be retained by the hasp tal mr TO FINEEAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt		NAME (Type) A. C	. Mitchell, M. D.	S	eer's Head State alisbury, Marylan	g
HO Life Charle	230	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(Caunty) (State)
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VR A15	14	FUNERAL DIRECTOR	DODRESS	All 250 REC'D	BY REGISTRAR 25b PLEISTRAP	MANAGER

- I	MARYLAND STATE DEPARTMENT OF HEALTH
20 ,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
nd 2 eath.	DECEASED-NAME First Middle Lost 20 DATE OF DEATH 25 HOUR
- P	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 ARS 1 OCT 20/1801 lost birthday) MONTHS DAYS HOURS MIN
7.	77 YRS. 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
Te	O CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSUAL OCCUPAT ON (Kind of work done 12h Kind of Builsings) OP
	SO USUAL RESIDENCE Where decreased ved it institution Residence before 13c CITY OR TOWN 13d MISIOE CITY LM 159 13e. STREET AND NUMBER
	######################################
	(Unk) JONES (UNK)
	460. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown; Vol. (1) yes give wor or doles of service) 16b. SOCIAL SECURITY NO 17 (NEORMANT 150) 18 (Wife Address 16b. SOCIAL SECURITY NO 17 (NEORMANT 150) 18 (Wife Address 18 (Wife A
	18. CAUSE OF DEATH (Enter only one cause per time (6) (a) (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB_THAG TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
1	.90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2216 HOW INJURY OCCUPPED (FOR PORT 2 How 18)
	Greater and the second second of the second
ľ	Whe Not while at work at work
	22a. I certify that (I) (this hospital) attended the decesed fram
	DEGREE PHYS DIRECTOR DIRECTOR Jan. 10/1969
	22e ADDRESS NAME (Type) Dr. 0. J. Burton Medical Center Salisbury, Md. 21801
23	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) REMOVAL (Special V Jan. 15/1969 Fair Ridge Cemetery Chappaque, New York
2	4 FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY, MARYLAND 21801 DATE SAN 1 4 1969 Pilicania Company C



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. DECEASED NAME First Middie Last 20 DATE KNOWNIK 2b HOUR Month Year (Type or Print) CLARA JONES ELIZABETH 1:43 4 2, and 3 to PM3. Page DEATH MATED IF JINDER 24 HRS IF UNDER 1 YEAR 2c DATE PRONOUNCED DEAD 4 RACE S. DATE OF BIRTH 6 AGE (in yours 3 SEX 2d. HOUR Ц-30-1891 F W 7:53 M 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Wicomico WIDOWED IX DIVORCED | Give Poges 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR hours ofter death give street address haula General during most of working life, even if retired.) Salisbury 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY Wicomico Salisbury L12 E. Vine St. odmission) STATE YES NO Item 18. should be forwarded to the Chief Medical Examiner's Office l and 2 ofter. 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME EWIS JANIE RER hours poges in pencil in RAL SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** executed within (Yes, na, of unknown) Elle within 72 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) BETWEEN ONSET AND DEAT permit. "pending" PART I. DEATH WAS CAUSED BY: Coronary occlusion hours IMMEDIATE CAUSE (a). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gove rise ta immediate cause (a), in ony This certificate should necessory, please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse or removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) pe nsed 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. buriol, cremotion, CAUSE OF DEATH 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D. No. City or Town 21d - NJURY OCCURRED Caunty State foctory, office building, etc.) WHILE AT WORK AT WORK Inspection A Inquiry X, 220 I certify that I took charge of the remains described above, held on Autopsy ... and in my opin on Natural couses X Suicide . Homicide Undetermined monner deoth resulted from Accident | |. CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASS STANT MEDICAL EXAMINER 1969 Jan. 6. DEPUTY MEDICAL EXAMINER 5 moy | 10 FUNE Health Camden Ave. Salisbury, MdADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BUR AL CREMATION, 23b. DATE REMOVAL (Specify) 216N UCIAL Sb. RECISTRAR & SIGN FUNERAL DIRECTOR 25g REC D BY REGISTRAF 1969 Burbare Funeral Home, Berlin, Md. MAN 9 VR A15ME (5) 10M REV 1/68



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	700
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day (Type or Print) HENRY NEAL JONES OF ESTI-	Yeor 2b. Hour
y delay is tond 3 to PM3. Page	DEATH MATED	17
delay ond 3 M3. Pog	A A 7 O I T (93) puphday) MONTHS DATS HOURS MIN MONTH T DOY 27 Ye	2d. HOUR
	70 BIRTHPLACE (Stote or foreign 7b. C TIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH	190) Lat A
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tote	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSJAL OCCUPATION (Kind of work done 12b Kit	ND OF BUSINESS OR
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2 ofter death or see Pages 1, 2 ofter death death	130 USJA, RESIDENCE (Where deceosed lived, if institution, Residence before 13c, City OR TOWN (13d INSIDE CITY LIMITS) 13e. STREET AND NUMBER	
hours ofter death tem to stone and a with the Stone of th	odmission) STATE Md. 136 COUNTY Wicomico Salisbury VES NO 110 Small St.	
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle No. 15. MOTHER'S MAIDEN NAME First Middle No. 16. Mother's Maiden No. 16. Mother's Mother's Mother's Maiden No. 16. Mother's Mothe	ea.l ^{lost}
thin 24 miner's pages hours	16a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes given war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
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rriffe uld 1 ould n, o		
INE e ce shou f les 3 sho	ZId INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No (try or Town Coun	
bical Examiner: This certificate should be executed se execute the certificate, writing the word "pending" actor. Page 4 should be forworded to the Chief Medical ned for your fles. ECTOR: Page 3 should be used as a buriol-transit permit. but buriol, cremotion, or removal, and in any event within	where not work of foctory, office building etc.) Rt. 13, north of Fruitland, Wic.	, Md.
Pag Pag or y		ond in my opinior
ed to the burn burn burn burn burn burn burn burn	death resulted from: Natural Jouses . Accident X, Suicide . Homicide . Undetermined monner	, ,
bicase explease explease explication. director. DIRECTOR or to bur	CHIEF MEDICAL EXAMINER	
Y, p rol per re Per re Prio	ACTUAL SIGNATURE AND ASS STANT MEDICAL EXAMINER DEPLITY MEDICAL EXAMINER Jan. 28	
SSOT SSOT SSOT SSOT SSOT SSOT SSOT SSOT	EXAMPLER'S Earl L. Royor, M.D. DEPUTY MEDICAL EXAMINER & Jan. 28 NAME (Type) 409 Camden Ave., Salisbury, Mdaddress (Street, city, town, or county)	, 1909
necessary, please execute the the funeral director. Page 4 st 5 may be retained for your f TO FUNERAL DIRECTOR: Page 3 Health prior to buriol, cremo	230 BUR AL, CREMATON 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	y) (Store)
7	REMOVAL (Specify)	,,
	24 FUNERAD DECTOR ADDRESS 250, REC D BY REGISTRAR 256, REGISTRAR 5 5 NATU	CO M.C.
VR A15ME (5)	Children Lisbury, Md. DATE TP 7 1969	Actual Section 1

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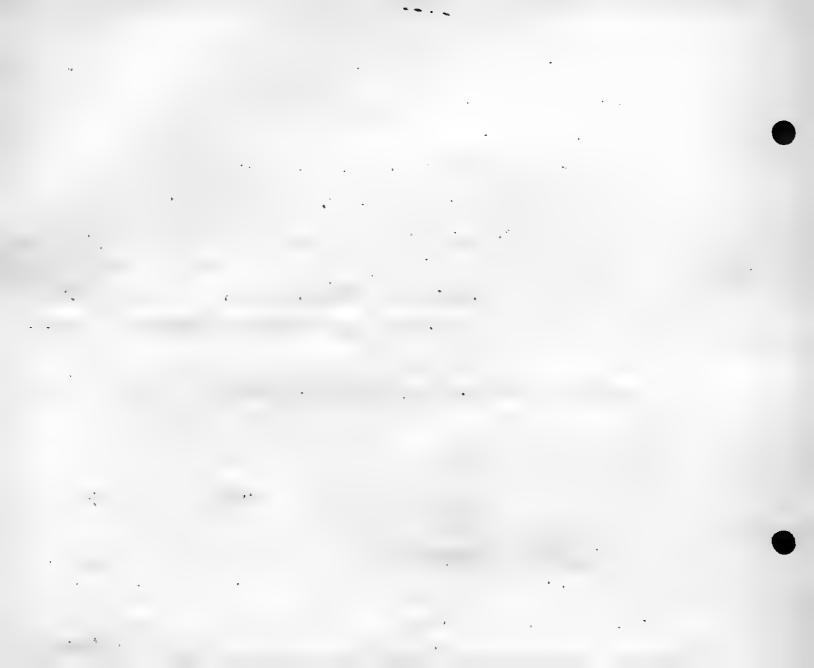
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or steering	MARYLAND STATE DEPA	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON	
. 2 .	CERTIFICATE 1. DECEASED NAME First Middle Lost	
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- P		January 8 1969 12:10 ⁴
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ban with	State Hospital	during most of working tife, even if refired j INDUSTRY
ple car	13a US_AL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN admission) STATE Manual 13b COUNTY	13d NSIDE CITY LIMITS? 13e STREET AND NUMBER
cam cam	Maryland Somerset Frincess	Anrie No Rt. 1, Box 152
md rem		S MAIDEN NAME First Middle East
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rante sicio plea , an	Yes not be unknown) 1/2 yes give was or dates of service) 16d SOCIAL SECURITY NO	of Ones Oth Address 1/21 mad
phy en ava	Yes, na, at winknawn) [If yes give war or dates of service] 219-67-6425 6:UN	J. Jores, Ich, Mu Dernon, Ma
ing h ce	18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c) PART I DEATH WAS CAUSED BY. Bronchoppeumonia	AFPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
end mit.	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Bronchopneumonia	4 days
aft aft per jan,	DUE TO, DR AS A CONSEQUENCE OF	
the the material	Canditians, sf any, which gave arise to immediate cause (a), (b)	
trar cre	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ires ysici ned ial-	lost. (c)	
the law requires the attending physician. has been signed by se as the burial-tranth prior ta burial, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	
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CIAN: The law rection or attending proficate has been sfar use as the bf Health prior tab	3 190 DATE OF OPERATION .96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a.	AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
or of the hor use rath	YE	S DE NO L
AN: ol o ricat far Hea	3 216 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 216 HOW INJUR 3 □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year	Y OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
SICI Spirit Spirit ed the	[if either, notify medical exominer P.M 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely full director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbain shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within	21d INJURY OCCURRED While Nat while at work at work at work	
JING by t frer frer be c State	22a. I certify that (I) (this bounded) attended the deceased from 6/5 saw the deceased alive an 19.69, and that in causes stated above, (I) (was fall) (district) view the bady after death.	, 19 <u>68, ta1/8, 19_69, that (I)</u> (XXI last
R: A	saw the deceased alive an 1909, and that in	(my) (as) opinian death accurred an the date and hour and fram the
Tries to the state of the state	causes stated abave, (I) (makedid) (min mot) view the bady after death.	
OR ATTEND be retained DIRECTOR: A pp 3 should ed with the §	I A THE MARKET AND TH	ENDING DIRECTOR DISTAFF PHYS 1/8/69
V by		ADDRESS PHYS 1/8/69
PILI ma RAI be		er's Head State Hospital, Salisbury, Md.
NOS UNE		
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file	230 BLR24, (REMAT DN, REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR (REMATD St. Paul	Mt. Vernon Someset. Md.
156	24 FUNERAL DIRECTOR ADDRESS A	25a REC D BY REG STRAR 25b REG,STRAR'S SIGNATURE
VR A16 45M	William 24 James II Bruncis anne, M.	P. DATE JAP 18 1989 Williamles Judges :



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 91709 DECEASED NAME First Moddle Lost 20 DATE OF DEATH 2b HOUR 24 haurs after death. (Type or print) Month NorMan ones WUTU SEX 4 RACE DATE OF BURTH A JACKE , YEAR 6 AGE (n veors IF UNDER 24 HRS last biftbaay) OAY5 hours 70 BIRTHPLACE (Stote of fore gn COUNTY OF DEATH 7b. CIT.ZEN OF WHAT COUNTRY? B. MARRIED TENEVI signed by the attending physician and completely filled in Ebural-transit permit. Then please remave carbon papers. burial, cremation, ar remaval, and in any event, within 72 ho country) WIDOWED [7] DIVORCED 10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not an hospital 20 USUAL OCCUPATION (Kind of work done within 12b KIND OF BUSINESS OR give street address during most of working life, even it (e) red INDUSTRY 13c CITY OR TOWN 30 USUAL RESIDENCE (Where deceased lived, funstitution Residence before 3d INSIDE CITY LIALTS? I3e STREET AND NUMBER odmission) STATE 13b COUNTY 14 FATHER'S NAME law requires that the death certificate be ex First Middle IS MOTHER'S MAIDEN NAME First Middle 160 WAS DECEASED EVER IN U.S. ARMED/FORCES? 17 INFORMANT Address Yes, ruft of unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b). rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar tall 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? 1-16-60 YES 🖳 NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hern 18.) OR ATTENDING PHYSICIAN: be retained by the hospital HOUR AM. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) 21d. NHIRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No City or Town County Stote While Not while T of work causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22: DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSTCIAN'S 22e. ADDRESS NAME (Type) LOCATION (City or Town) BURIAL, CREMATION 236 DAW NAME OF, CEMETERY OR CREMATORY 23a (County) (State) MERAL DIRECTOR VR A15 DATE



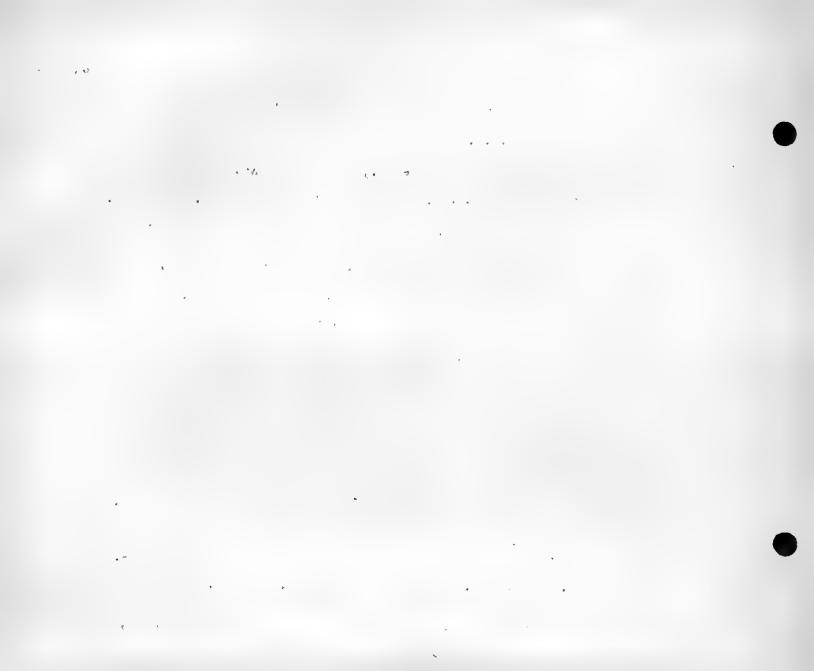
	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
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au A was	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
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and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address
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tal far far free free free free free free f	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 shauld be detached for use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in	230 BURIAL CREMATION, 23b DATE 1 23c NAME OF CEMETERY OR CREMATORY 23d ECCATION (City or Town) (County) (State)
5 5 j	CREMOVAL Specific 1/20/69 SILVERBROOK WILMINGTON DEL.
VR A15 (4)	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRAR'S SIGNATURE
VR A15 (4) 45M , 69	Anne 17. Bubage Bellin Md DATE AN 21 1969 Minutes Trade



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-		31719	DIAIZION O	F VITAL RECORDS,			IIMURE, MAI	RYLAND 21201	141740	
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and and in an	"	William	M-ddle	lost Matthe	4	OTHER'S MAIDEN NAME	atilda	Middle Frances		lost 11
and and	160.	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b SOCIAL SECURITY I	NO. 17 INFO			Address		
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The office of the poor the poo	RTIFIC					YES NO		OF DEATH?		
AN: of or icate far u Heal	3	21g. ACCIDENT WAS UNDERLYING CAUSE OF DEATH			21c HOW	INJURY OCCURRED (Ent	er nature of injui	y 'n Part I ar Part 2,	item 18)	
rspir sspir tertif ned t. of	WED.C	(If either, notify medical examin	er) P.M	١. ا		ON Chart - DED M	n Cibi	or Town	Caunty	Stote
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may may RAL		22d PHYSICIANS NAME (Type) Wilbe	r R. El	lis, Jr.	/	22e ADDRESS	alisbury	. Md.	1	
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VR A15		FUNERAL DIRECTOR	0-4-61	ADDRESS	0.45		BY REGISTRAR	25b REGISTRAR S	SIGNATURE	
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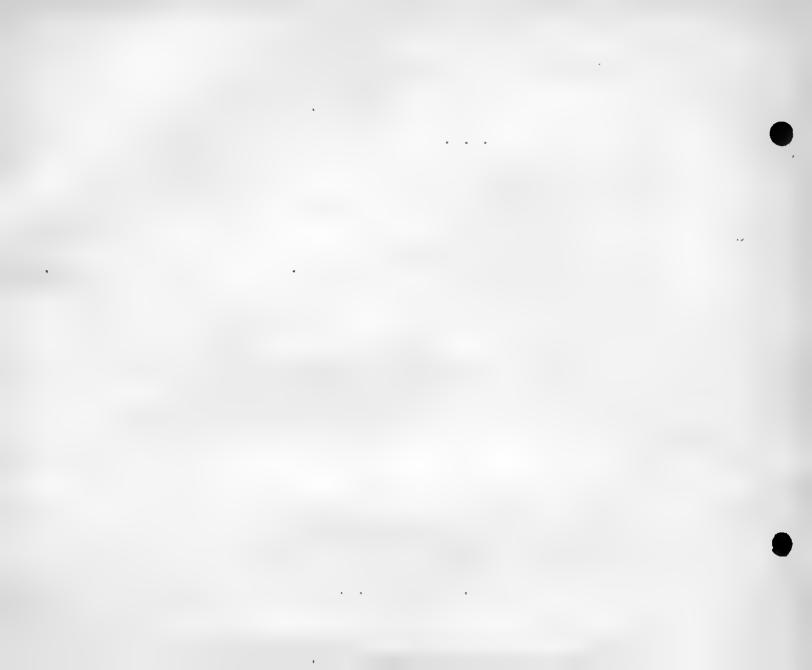


<u></u>		11720	DIVISION OF VI		301 W. PRESTON S		RE, MARYLAND 21201	: 171	3
N .	l nt	CEASED NAME First		Middle	Last		D. DATE OF DEATH	, Y . Y	2b. HOUR
death neral and 2 death.		ype ar print)	17 3/3/	***	LAWS		Month Day	78%p	8:00 M
r de	3. SE	RUT	4. RACE	2000	S. DATE OF	RIPTH	6 AGE (In years	IF UNDER 1 YEAR 1	F UNDER 24 HRS
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The law requires that the attending physician. has been signed by the se as the burial-transit in prior to burial, cremati		stating the underlying couse last.	(c) /	Ty) (rester	Seon		7	
luria uria		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE OR CONDI	ITION GIVEN IN PART 1(0)		
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A the se of the has	CERTIFICATION				YES [NO 🗀	CAUSES OF DEATH?		
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pita pita ad fa	MEDICAL	(If either, natify medical exami	ner) P.M.	, i	9				
tinG PHYSICIAN: by the hospital or ffer this certificate be detached far u State Dept. af Heat	2	21d. INJURY OCCURRED 21s. While Not while	PLACE OF INJURY (AT	HOME EARN, STREET, EA TCE BUILDING, ETC.	CTORY.) 21f. LOCATION Sti	reet ar R.F.D. No.	City or Tawn	County	State
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by Affer be Sta		22a. I certify that (I) (th	is hospital) attend	ed que deceas	ed from	my) (aur) aniniar	to	<u> </u>	I) (We) last
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DIR DIR		977	a Carlo	hall	DEGREE PHYS.		TOR PHYS 1	-2)-1707	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed we Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached far use as the burial-transit permit. Then please remave care shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event,	220		DATE		CEMETERY OR CREMATORY		id. LOCATION (City or Town)	(County)	(State)
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===	24.	FUNERAL DIRECTOR		ADDRESS	-	25a. REC'D BY RE	GETRAP969 256 ATTGISTRAKT	SENTIFIE	
30M REV 1368	1	Hill Funeral Ho	ome, Salisl	oury, Man	ryland	DATE AN Z	1 1000 6	ę r	



1		0172: DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1714
And the second		CERTIFICATE OF DEATH	1117
# =2#		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Type or print) Month Day	Year 2b. HOUR
er deoth. funeral 1 ond 2 er death.	,	Kuth MAE (MAY) Laufield 1-28	- 109 245 PM
fur fer fer	3. SI	last highland House	NOER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.
haurs after deoth n be the funeral s. Poges 1 and 7 hours after death		Female Cauc. 6-33-01 81 YRS.	ng okto nooka min.
ani.	7a	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
72 Ser. 17		Maryland USA WIDOWED DIVORCED Wicomic o Coun	ty Md.
10 mg 70	10 (CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OF INSTITUTION (If not up basental \$12a USITAL OF CUPATION (Kind of work done 1)	26 KIND OF BUSINESS OR NDUSTRY
		Dalisbury Wicomica Novsing Home House wife	
omplets ve cout, event,		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13d INSIGE CITY LIMITS) 13e STREET AND NUMBER	
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ate be exercian and college remo	L	Henry Godfrey Dora	
ertificate be physician c nen pleose 10vol, and ir		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (Dai fee, no, or unknown) (If yet give wor or dates of service) Address (Dai	ughters)
equires that the death certifice physician. signed by the attending physiburiol-transit permit. Then plburiol, cremation, or removol,		(es, no, or unknown) (tives give wor or dates of service) 220-44-2980J Mrs. Evelyn Morris No. No. 100 Perdue, Salisbury.	<u>Maryland</u>
he death ce attending permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	BETWEEN ONSET AND DEATH
eath mit. or r	ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardran decomposition to	laay.
att on,	ı	DUE TO, OR AS A CONSEQUENCE OF	
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trantrantrantrantrantrantrantrantrantran		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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DING PHYSICIAN: The low reby the hospital or attending ther this certificate hos been be detached for use as the State Dept. of Health prior to	80	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSID	DEDED IN CERTIFYING
s b prio	Ē	190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPST? YES NO CAUSES OF DEATH?	SEKED IN CEKTIFITING
alth of the house	CERTIFICATION	210 ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	183
ficat for for He		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	10.3
SIC Spit sertificential	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY), 21f. LOCATION Street or R.F.D. No. City or Town Co	ounly State
IING PHYSICIA by the hospital ffer this certifica be detoched fo Stote Dept. of R		While hot while (office BUILDING, ETC. /	31010
de de de	1	at work at work	9. that (I) (we) lost
ATENDING etoined by the CTOR: After I should be dith the Stote	ш	22a. I certify that (1) (this haspital) attended the deceased from 1965, to 1-28, 1965 saw the deceased olive on 1-28 1967, and that in (ay) four) opinion death occurred an the date of	ind hour ond from the
OR ATTENI be retoined DIRECTOR: A je 3 should ed with the	П	causes stated above, (I) (we) (did) (did not) view the body ofter death.	
W S E E E	П	22b SIGNAJURE ATTENDING DEGREE PHYS DIRECTOR PHYS. 22c. DATE 22c. DATE 22c. DATE 22c. DATE 22c. DATE 22c. DATE	
DIRE DIRE Be 3 led w			25-65
TAI Tay Se fi		220/ PHYS CIAN S NAME (Type) Dr. Frank & Mary Land	
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, poge 3 should be detoched for u should be filed with the Stote Dept. of Heal		Dr. Frank L. Weaver V Salisbury, Maryland	(2004)
P HC oge	Z3 e	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Corp. 12d. 12d. 12d. 12d. 12d. 12d. 12d. 12d	ounty) (Stote)
5 5	24		
VR A15 (4) 30M REV. 1 (8)	24.	FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND ADDRESS DATE B 3 1969 250, RECUSTRAR S SIGN COMPANY, SALISBURY, MARYLAND DATE B 3 1969	Judge.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1720 7716 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME First 20 DATE OF DEATH 2b HOUR be executed within 24 hours after death. (Type or pont) Ethel Month 4 M Iramia e WIS 3. SEX 4. RACE S DATE OF BIRTH IF UNDER YEAR IF UNDER 74 HRS. 6. AGE (In years lost birthdoy) DAYS HD:UPS Cauc. 3/28/90 9. COUNTY OF DEATH 7p BIRTHPLACE (State or fore on 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TI NEVER MARRIED (country) U.S. WIDGWED D WICOMICO DIVORCED [ompletely filled **TO FUNERAL DIRECTOR:** After this cerificote has been signed by the ottending physicion and completely filled director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove corbon pap should be filed with the Stote Dept. of Heolth prior to buriol, cremotion, or removol, and in any event, within it 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) wicomico Nursing during most of working life, even if retired) INDUSTRY Dun Salisbury HOME (BOOTH ST) 13c. CITY OR TOWN 130 USUA, RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 136. COUNTY admission) STATE NO F 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle 710m35 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifical Yes no privilknown) (III yes give war or dates of service) 217-28-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) use to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes be retained by the hospital or attending physicion last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Nat while at work couses stated abave (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS. PHYS 22e ADDRESS 22d PHYSICIAN S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. RECD BY REGISTRAR 30M REV



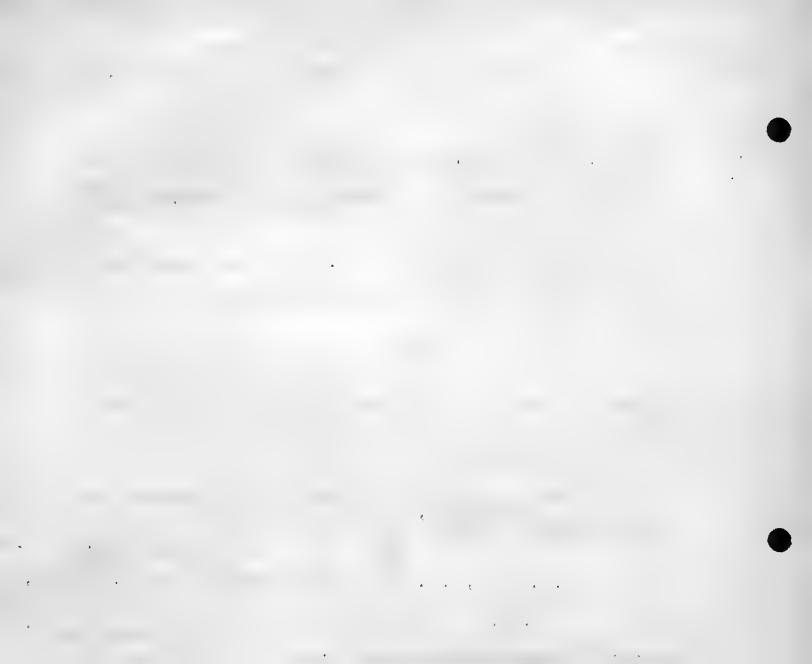
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1		172.	DIVISION OF VI		ERTIFICATE OF	-	E, MARYLAND 21201	61717
£ _7£		CEASED NAME First		Midd e	Last	2a.	DATE OF DEATH	2b. HOUR
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/ithin /	10 6	Salisbury	give stre	et address)	TITUTION (If not in hospital anitarium. I	during most of v	JPATION (Kind of work done working life, even if retired.)	126 KIND OF BUS,NESS OR INDUSTRY
d w lete corb	130.	USUAL RESIDENCE (Where deceas	ad lived if institution	Residence before	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	
omp owe eve	odmi	ssion) STATE Md	13b COUNTY Wi	comico	Salisbury	YES NO	516 N. Pine	hurst Ave.
exe emo ony	14. [ATHER S NAME First	Middle	tast	is. Mother's M	AIDEN NAME First	Middle	Last
de o de la		Robert	Clayton	Beall	<u></u>	Ella		Rand
ifficote nysicio		WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	IED FORCES? or or dates of service)	b. SOCIAL SECURITY N		e H. Insle	Address ey, Jr. Salisbu	ry ,Md.
cert The pl		1B. CAUSE OF DEATH (Enter an	y ane cause per fine!	for (g), (b), and (c)		1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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low andii bee	CERTIFICATION	19a DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PE	RFORMED 200. AUTO		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The office of the hose of the p	Ě				YES [
AN: I or cote or u		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DURY Manth Day Year	21c. HOW INJURY OC	CURRED (Enter natur	a of injury in Port 1 or Port 2,	Item 18.)
SICIA Prito Partificial Partificial Partificial Partificial	MEDICAL	(If either, notify medical exomi	ner) P.M.	19				
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by The Ameral director, page 3 should be detached for use as the burial, tremating. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, tremation, or removal, and in any event, within 72 hours then death	×	21d INJURY OCCURRED 21e. White Not while at work	PLACE OF INJURY (AT	HOME, FARM STREET, FAC FICE BUILDING, ETC.	TORY.) 21f LOCATION Stre		City or Tawn	County State
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END ned ned uld the !		sow the deceased a	live on(did) (di	id not) view the	y≌, ond that in (π hadv after death.	ny) (our) opinion	deoth occurred on the do	te and hour and from the
ATT ATT Shoir short		226 SIGNATURE	,,(,, (,,,,),(a,a),(a,	-			220	DATE SIGNED
OR Se re sed w		-the lo	a ter	alu/	DEGREE PHYS.	ING MED. DIRECTO	R PHYS Ja	nuary 3 /1969
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A n A n NER tor,	L		nilip A. I					
HO See	23a.	BURIA_CREMATION, 23b. REMOVAL (Specify)	16/69		CEMETERY OR CREMATORY		LOCATION (City or Town) Balto.	(Caunty) (State) Md.
5-5-0	24	FUNERAL DIRECTOR	10/09	ADDRESS	raine Park C	2So. REGIDABY REGI	STRAR 25h REGISTRAR'S	SIGNATURE
VR A15 (A V)		Mitchell-Wiedef	eld Home		Rd. #21212	DATE JAN 6	1969 Jelle	way Judge
V	L	T COMPAT TOTAL	110mio	- /		DAIL		



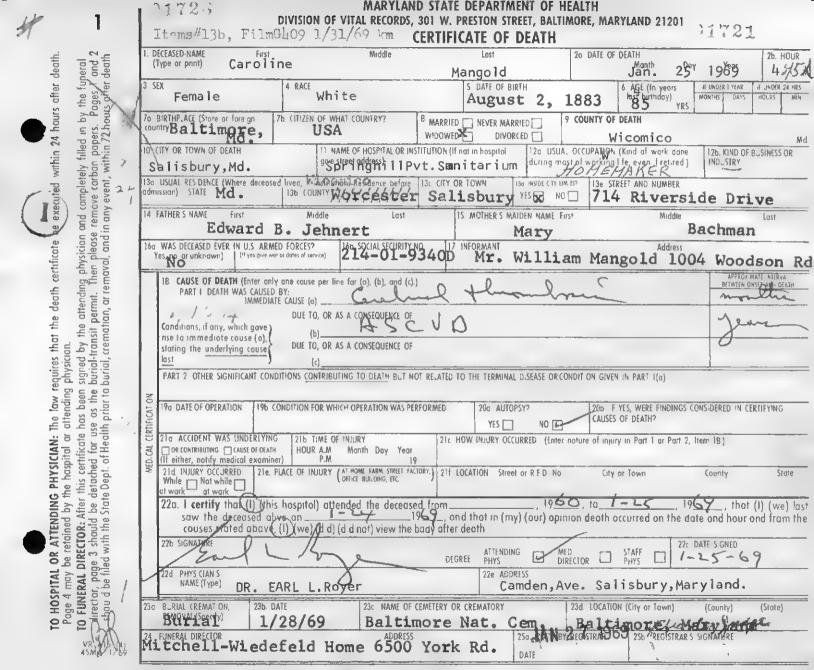
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ŧ (1) \$ \$	1	EMALE	1106	12/.		11- 12-	1012	1 last birthday}	MONTHS DAYS	HOURS MIN
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red g p red b red d b red		THREE CONTER SIGNIFICANT CON	CHIRDOT II	d to beath but no	,		V CONDITION G	VEN TH PART I(d)		
din din the the	NO.	19g, DATE OF OPERAL ON 119b	CONDITION FOR WHICH	ODERATION WAS DED		2Da. AUTOPSY?	301	IF YES, WERE FIND NGS CO	MICIDEDED IN CEL	TIPUNIC
The law red attending has been se as the th priar ta	3	17G. DATE OF OPERAL ON 17G.	COMPILION FOR WITHOU	OFERATION-MAS FER	FURMEU		CALL	SES OF DEATH?	MOIDERED IN CEN	UPTING
ATTENDING PHYSICIAN: The law requires that the death certificate be executivationed by the haspital ar attending physician. CTER: After this certificate has been signed by the attending physician and comshould be detached for use as the burnal-transit permit. Then please remave ith the State Dept. af Health priar to burial, crematian, ar remaval, and in any executive the state Dept.	CERTIFICATION	21a ACCIDENT WAS UNDERLYIN	C CON THAT OF 1	w PM	[25 0200					
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ha ha ach	2	21d. INJURY OCCURRED 21e While Not white	PLACE OF INJURY (AT	HOME, FARM, STREET, FACT FICE BUILDING ETC	ORY.) 21f. LOCA	TION Street or R F.D	No C	ity ar Tawn	County	State
L OR ATTENDING PH' be retained by the h DIRECTUR: After this ge 3 should be detac iled with the State Dep		at work — at work —								
Star Star		22a. I certify that (1) (th	is hospital) attend	led the decease	d from	1-23-1	9 <u>69</u> , ta_	1-23,19	69, that	(I) (we) last
ENG Fig. 4		saw the deceased a couses stated above	Itve on	d-not) years the h	ody ofter dec	not in (my) (our)	opinian deat	h occurred on the dat	e and haur a	nd from the
Tag Light		22b. SIGNATURE	, (i) (we) (uiu) (ui	a non-view tile b	ouy oner dec	4111.			DATE SIGNED	
OR De re be re de 3 ed w		(/_	receil h.	11/1	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF D	-25-	19
		22d. PHYSICIAN S	man 11.	- Child	P - VCOACE	22e ADDRESS	URRECTUR -	PHIS C	- X J	<i>b</i> ′
RAI P		NAME (Type)		W		226 MUDALSS				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIMECTMR: After this certificate has been signed by director, page 3 should be detached far use as the burnal-transhauld be filed with the State Dept. of Health priar ta burial, creating the prior ta burnal of the should be filed with the State Dept.	72-	BURIAL, CREMATION, 23b	DATE	23c NAME OF C	CHETERY OF CO.	THATODY	727 00	TiON (City or Town)	Warred \	(5+++)
Sha Sha	230.	PFACIVAL (Chariful	- 29 - 69			EMAIUK I			(County)	(State)
7 7	24	FUNERAL DIRECTOR	- 29- 09	ADDRESS	Pe	25a DEC	D BY REGISTRAR	A Chr. (1)	roesta	THE THE
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42/11 - 17			-MT			DATE				



- 1	14 M O		ND STATE DEPARTMENT OF I S, 301 W. PRESTON STREET, BALT		
7	11720		CERTIFICATE OF DEATH	,	01719
7)	77 1 15	rst Middle	t OS†	20. DATE OF DEATH	Year Year
2	SEX	ATHERINE MABEL	MAGEE	January 16,	1969 1:40PM
3.	Female	Colored	S DATE OF BIRTH May 7, 189		IF UNDER 1 YEAR IF UNDER 24 HRS IONTHS DAYS HOURS MIN
70 ca	BIRTHPLACE (State or foreign number) Maryland	76 CITIZEN OF WHAT COUNTRY? L'SA	8 MARRIED NEVER MARRIED NOWED DIVORCED	9 COUNTY OF DEATH WICOMICO	
3 3	CITY OR TOWN OF DEATH Salisbury	Deer so Head	NSTITUTION (If not in hospitel 120 USU during m	AL OCCUPATION (Kind of work done ost of working life even if refired)	12b KIND OF BLSINESS OR INDUSTRY Tome
13 od	o USUAL RESIDENCE (Where dece	eosed lived if institution Residence before		13e. STREET AND NUMBER 30	
14	FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME	irs) Middle	Lost
1	Winfiel			th	Thomas
16	So WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes giv	RMED FORCES? we war or dates of service) 218-30-		Address Lagee, Federalsbur	
	18 CAUSE OF DEATH (Enter	on y one couse per line for (o), (b), and	())		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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	22a. I certify that X(1) (this haspital) attended the deced	sed from January 15, 19	oy to January TH	, that (1) (we) last
	causes stated about	veXX (we) (did) (XXXXX) view th	בוז בעב, and that ומאָאָדוּ (aur) api e bady after death.	inian death accurred an the date	and hour and from the
	22b SIGNATURE /	1	1.1	22 <u>i</u> DA	ATE, SIGNED
	Vy	Malille	DEGREE PHYS	MED STAFF TO STAFF	16/69 arvland
	22d PHYSICIAN S NAME (Type) L .	V. Maldve, M. D.	Deer's Hea	d State Hospital,	
23	REMOVAL (Specify)		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
24			ral Hill Cemetery	Federalsburg, Car	roline Md.
Zq	GE WITE	THEOMOGOTH 1911	IAN	2 1 1969 25h Frederick	0
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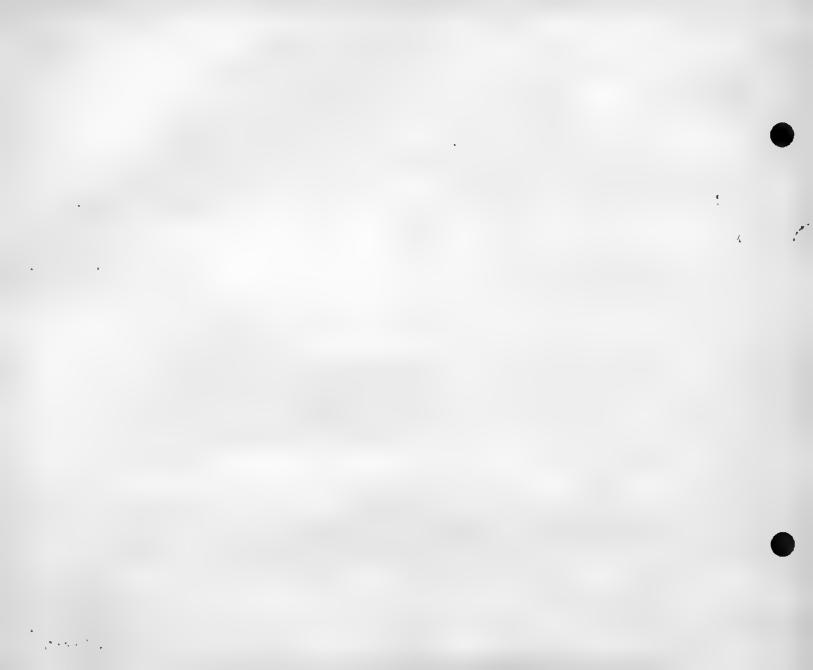
	1	MARTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	1722
frs. Pages I and 2 2 hadrs after death.		ECEASED-NAME Type or print) A Z/CE Iouise //CCRM/CK JAN Month Ry Day 7 EX 4 RACE S. DATE OF BIRTH 6 AGE (In years lost burthday) White Morch 3,1906 (or print) ARS	VOOR I YEAR IF UNDER 24 MPS NTHS OAYS HOURS MIN
J.	7а соц	BIRTHPLACE (State or foreign No. C. TT > A WIDOWED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED WIDOWED WICOMICO	Md
	, A	Salisbury Peningurand Peninguran Hospital dring 1985 year wear the end .	26 KIND OF BUSINESS OR INDUSTRY
	3a adm	SUAL RESIDENCE Where deceased lived, finishtution, Residence before 13c CITY OR TOWN 13d MISIDE CTY LIMITS? 13e STREET AND NUMBER	sbury klvi.
ч		FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle John Willis Effie	Styron
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (esting, or unknown) (if yet give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Roxie Howland Empire,	2-4
	NO	18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Secural of flower of the underlying cause (b), stating the underlying cause (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (c)	BETWEEN ONSET AND DEATH
1	CERTIFICAT 0	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSMITTED YES NO [CAUSES OF DEATH?	
	MEDICAL C	21g / ACCIDENT WAS UNDERLYING □ 0x CONTRIBUTING □ CAUSE OF CARTH HOUR A M. Month Doy Yeor P.M. 19 21d 1N.JRY OCCURRED 121e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f DCATION Street or R. F.D. No. (Lity or Town)	
		While Nat while at wark OFFICE BUILDING ETC	ounty State
		22a. I certify that (I) (this haspital) attended the deceased fram, 19, 19, 19, 19, saw the deceased alive on, 19, and that in (my) (aur) apinian death occurred an the date a causes stated, above, (I) (we) (did) (did not) view the bady after death.	, that (I) (we) last and haur ond from the
		22b. SIGNATURE DEGREE PHYS DIRECTOR STAFF 22c DATE 22d PHYSIC AN'S DEGREE PHYS DIRECTOR PHYS. DIRECTOR DIRE	96NED / 6 9
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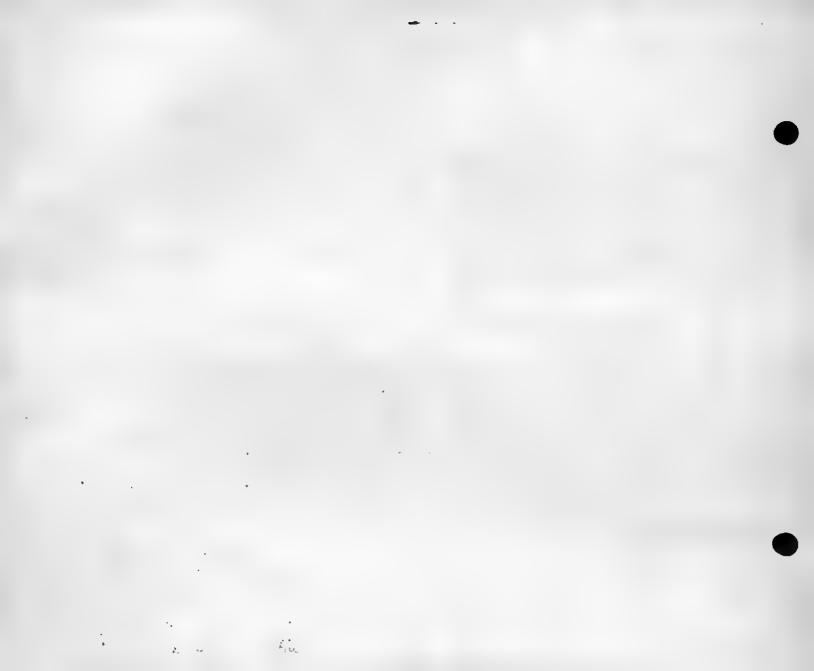
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	L	117194		CERTIFICATE OF DEAT	Н	91725
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filled pape	10	LITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 I	USUAL OCCUPAT ON (Kind of work done	12b KIND OF BUSINESS OR
within 21 leby fulled in paper, within 72		Salisbury	give street address) Penninsul	a General during	g most of working life, even if retired)	NOM.
d v drb arb	13a	USUAL RESIDENCE (Where deceased	lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE C		110210
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Pare please		'es, na ar unknawn) (Il yes give war	or dates of service)	Purnell Mo		. Salis.Md
phy	=	ΛΟ			TOOK NOROMIN A	APPROXIMATE INTERVAL
		TB. CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED I	are cause per line far (a) (b) and to)		BETWEEN ONSET AND DEATH
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. п		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
equires tha physician. signed by burial-tran		last,	(c)			
orice urice		PART 2 OTHER S GNIFICANT COND	TIONS CONTR BUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDIT ON GIVEN IN PART 1(a)	
n s n o o o						
The law ratending attending has been se as the h priar ta	CERTIFICATION	19a, DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE	REORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIMERED IN CERTIFYING
A the	2				CAUSES OF DEATH?	Management (Chilifing)
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al cat	ਤ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	21c NOW INJURY OCCURRED (I	Enter nature of injury in Part 1 ar Port 2, It	em iä.j
2 5 5 5	MFD.((If either, natify medical examine	r) P.M. 1	9		
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the det		at work at wark				
DIME J by t After J be d	1	22a I certify that (1) (this	haspital) attended the deceas	ed fram	949,10 1/17,19	67, that (W (we) ast
ed ed he he		saw the deceased all	(i) (we) (did) (did not) view the	ban after reath	apinian death accurred an the dat	e and haur and fram the
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SEC 33 S	П	220 SIGNATURE	201	AYTENDING TO	MED STAFF	ATE SIGNED
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ZAL your be f		22d. PHÝSICIAN S NAME (Type)		22e ADDRESS		/ >
Page 4 may be retained by the haspital ar attending physician. For FUNERAL DIRECTOR: After this certificate has been signed by the adirector, page 3 shauld be detached far use as the burial-transit plandly be tiled with the State Dept. af Health priar to burial, cremated	000	DID II COPILIZ CO	To 1 20	COURTEDN AD CARRY	Lee Lee Lee	
age Fullired	1	BUR AL, CREMATION, 23b DA REMOVAL (Specify) 23b DA		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
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45M 1/4N	1	that on Fr xx	ewait delir	e- and DATE	7	٦٣



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01726 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2a DATE KNOWN 1 DECEASED-NAME First M ddle Last Month Year 2b HOUR (Type or Print) NICKERSON ESTI-DORA VANDALIER iny delay is 2, and 3 ta PM3. Page ot DEATH MATED 1969 Department 4. RACE S DATE OF BIRTH 6. AGE (In years EF UNDER 24 HRS 2r DATE PRONOLINGED DEAD 2d HOUR 3 SEX Januar y July 27, 1897 1969 White Female 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Office along with farm country)Virginia WICOMICO USA WIDOWED X DIVORCED [Md Item 18. Give Pages brthe State 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPAT ON (Kind of work done 125 KIND OF BUSINESS OR during most of working life, even if retired.)
Retired Seamstress Shirt Factory Peninsula General Hospital Salisbury 130 USUAL RES DENCE (Where deceased lived, it institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY JAMITS? 13e STREET AND NEIMBER deát edmission) STATE Maryland 13b COUNTY Wicomico 535 Wailes Street Salisbury ⋧ YES KI NO [and 2 y Middle Last 15. MOTHER S MAIDEN NAME First Middle 14. FATHER'S NAME Bradford Dora Nickerson Gordon Handy .⊑ Examiner's ADDRESS 535 Wailes St. 17 INFORMANT (SOD) 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO pencil This certificate shauld be executed within (Yes na, ar unknawn) Mr. Albert H. Nickerson, Salisbury, Maryland (It was give war or dates of service) 213-14-1926 A APPROXIMATE INTERVAL .⊑ 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND CEATH Cardiac arrest with cerebral edema ecute the certificate, writing the ward "pending" i Page 4 shauld be farwarded ta the Chief Medical Wiff PART F DEATH WAS CAUSED BY: permi days IMMEDIATE CAUSE (o). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate cause (a). αυλ DUE TO, DR AS A CONSEQUENCE OF storing the underlying cause __ removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o Multiple fractures. CERTIFICATION used 20. AUTOPSY? 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate, YES NO TE å 210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) ò 3 shauld PRIMARY OR CONTRIBUTING TO B Fell at home. crematian, DICAL EXAMINER: CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF INLURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) Salisbury, Wic., FUNERAL DIRECTOR: Page Wailes St., NOT WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion the funeral directar. Undetermined manner Accident X Homicide | death resulted from Natural causes Suicide . CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE /1969 Januar y Earl L. Royer, DEPUTY MEDICAL EXAMINER EXAMINER'S 5 may 10 FUNE Health NAME (Type) 409 Camden Ave., Salisbury, Md. ADDRESS(Street city town, or county) 23g BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) REMOVAL (Specify) Jan. 6. Wicomico Memorial 1969 Park Salisbury Wicomico Maryland Burial 24. FUNERAL DIRECTOR 25g RECD BY REGISTRAR 1969 VR A15ME IS HOLLOWAY & COMPANY. SALISBURY. MARYLAND

10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



(1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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n 24	10	CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUT, ON (If not in hospital 120 USUAL OCCUPATION (King of work done 112h KIND DERIISINESS OR
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital ar attending physician. This certificate has been signed by the attending physician and camp rely filed in by the funeral etached far use as the burial-transit permit. Then please remain carbon papers and 2 and 2 Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours by the death	1	during grast at foreign his street oddress) to formulat during grast at foreign his street oddress) InDUSTRY
A September 1	130	#SSUAL RESIDENCE (Whyte deceased lived, if institution, Residence before 13c CITY OR TOWN 13d Misios CITY IM 15? 13e STREET AND MUMBER 13b COUNTY 113b
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and care remay in any e	14.	FATHER'S NAME First Middle CO Logs IS MOTHER'S MA DEN NAME First Middle Cost
ate b rician (lease and ii	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address.
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AN: Il ar cate ar u Heal		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) Contributing Cause of Geath HOUR A.M. Month Day Year
SICL Spito entifi ed f	MEDICAL	[If either, natify medical examiner) P.M. 19
PHYSICIAN: The law rate he haspital ar attending this certificate has been betached far use as the Boept, of Health priar to	~	While Nat while OFFICE BUILDING, ETC.
NG Y Think of the deer the dee		di work di work
		saw the deceased give an 192, and that in (my) (our) opinion death occurred on the date and hour and from the
R ATTENI retained recTOR: A 3 should with the		causes stated obove, (1) (we) (did) (did not) view the body after death.
OR ATTENDING be retained by the IRECTOR: After te e 3 should be d ed with the State		226. SIGNATURE 226. DATE SIGNED 1 DEGREE PHYS DIRECTOR DIRECTOR PHYS 227. DATE SIGNED 1 -2 5 -6 9
AL C		22d PHYSICIAN S C 22e. ADDRESS .
SPIT TERA Or, F		NAME (Type) Wilher R. Ellis JR. Medical Center Dalisbury MARYlay
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) (County) (Stote)
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VR A15 145M	24	William AMerica Simon State DAY 2 1999
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. 3.	FEMA.	<u></u>	4 RACE NE	910		DATE OF BIRTH	1888	6 AGE (In year lost buthday)			F JNDER 24 HRS HOURS MIN
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13 od	o USUAL RESIDEN mission) STATE	E (Where deceased	13b. COUNTY	ion-Residence befo	OF AUDIN	OWN 13d #NSiDE		3e. STREET AND NUMBI			
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10	Yes, no, or make o	EVER IN U.S. ARME	D FORCES? or dates of service)	166 SOCIAL SECURI	TY NO 17 INF	Peter	Fet	ersox	8\$\$		
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	While Not	work L				TION Street or RFD		City or Town		County	Stote
	sow th	y that (I) 1this e deceased ob stated above	hospital) atte	inded the deceinded did not) view the	ased_fram _19 <u>& 91</u> , and t ne body ofter de	hat in (my) (our)	9 <u>6</u> 8, to opinian de	oth occurred on the	., 19 <u>.</u> ne dote	ond hour a	(we) last nd from the
	22b SIGNATURE				m. Pegree	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	22c DA1	TE SIGNED	
1	22d. PHYSICIAN NAMELTY) (2			1	22e. ADDRESS		7			
23	BURIAL CREMA	110N, 23b 04	J 69	23c. HAME	OF CEMETERY OR CR	EMATORY Men.	23d 10	CAT ON (C) OF TOWN)	(()	(County)	(State)
24	FUNERAL DIRECT	OR	2. The	ADDR	- 22	2Sa REG	D BY REGISTR	1969 250 REGIST	RAR S SIC	GNATURE	***



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01730 01729 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR within 24 hours after death eoth pug (Type or print) Month ELIZABETH ELLISON PHIPPIN January 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In veors IF UNDER YEAR F UNDER 24 HRS last birthday) HOTIRS White June 12, 1912 Female 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) nd completely filled in USA WIDOWED | DIVORCED [WICOMICO Mar.vland IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) Salisbury 나의시간 General Hospita and in ony event, 130 USUAL RESIDENCE (Where deceased lived, finistitution: Residence before 13c CITY OR TOWN 3d HISTOR CITY LIMITS? executed 13e. STREET AND NUMBER odm ssion) STATE Maryland 13b COUNTY Wicomico Salisbury 613 E. Church Street YESX = NO remaye 14. FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Middle Lost Lost Ellison. We1ch Rertha The low requires that the death certificate be Harry attending physicion permit. Then please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Mr. Ballas R. Welch (Brother, Erie, Pa. Yes, no prunknown) (II yas give war at dates of service. 217-10-3826 or removal. Brian Phippin (Son), Baltimore, Md. Phippin (Son) Raleigh, BETWIN GHOT AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (a). signed by t DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) for use as the t Health prior to b this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 should be detoched for use should be filed with the State Dept. of Health | YES 🔲 NO [210 ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 211 LOCATION Street or R F D No. City of Town Stote County While - Not while -22a. I certify that (1) (this haspital) attended the deceased from. saw the deceased affive an_____ 169, and that in (my) (our) opinian death occurred on the date and have any from the O FUNERAL DIRECTOR: couses stated abave, (1) (we) (aid) (aid not) view the body after death, 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS. January 22e ADDRESS 211 Maryland Ave., Salisbury, Maryland E. M. Beardsley Dr. 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Salisbury, Wicomico, Mary land 23d LOCATION (City or Town) Jan. 8,1969 HINDYA (Specify) Parsons Cemetery 24. FUNERAL DIRECTOR ADDRESS 250, REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND

_				AND STATE DEPARTMENT C		
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l	30 odm	LSUAL RESIDENCE (Where deceose ssien) A STATE - A STATE	ed lived, if institution. Residence bet		CITY LIM TS? 13e STREET AND NUMBER	
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		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day	feor ZIC HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2	!, Item 18)
	MEDICAL	(If either, notify medical examin 21d INJURY OCCURRED 21e.	ner) P.M.	19		
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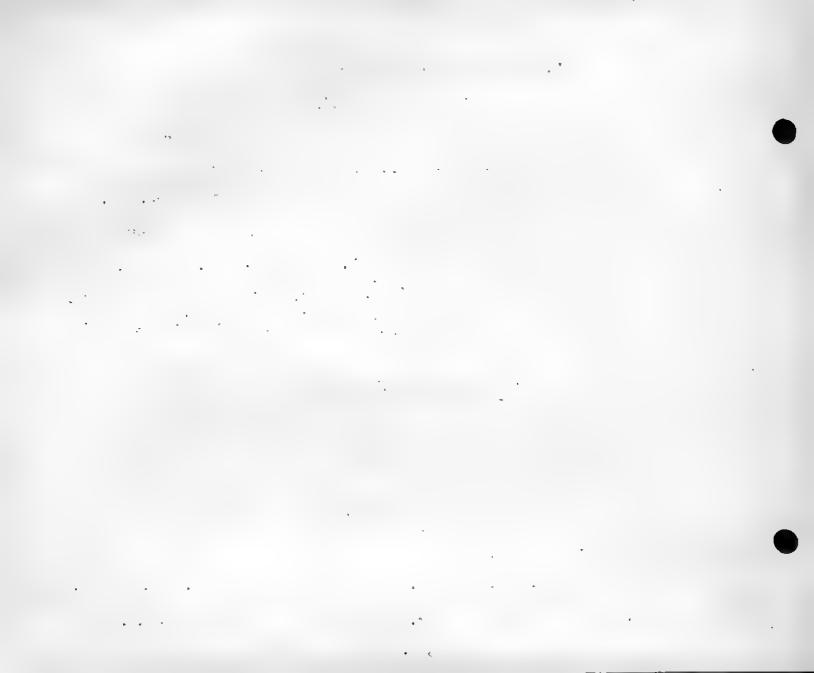
MARYLAND STATE DEPARTMENT OF HEALTH



		MARTIAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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JING PHYSICIA by the haspital ffer this certification be detached fa state Dept. of H	M	21d IN. JRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 218 LOCATION Street or R.F.D. No. City or Town County State
the detre e De		ot work of work
by Stat		22a. I certify that (I) (this haspital) attended the deceased from 1907, ta 1907, ta 1907, that (I) (we) last saw the deceased glive are 1909, and that in (mr) (eq.) apprion death accurred on the date and hour and from the
ATTEND etained CTOR: At should		saw the deceased alive are 19 (3) and that in (m/) (ear) apinion death accurred on the date and haur and fram the causes stated above, (1) (we) (did) (did) not) view the body after death.
Short in the state of the state		22b S GNATURE 22c DATE SIGNED
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	MARYLAND STATE DEPARTMENT OF HEALTH 174 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 7 3 4 CERTIFICATE OF DEATH
death. Ieral ond 2 death.	DECEASED NAME First Middle Last 2a DATE OF DEATH (Type or print) EMILY WILT SCHWEPPE 1 3 1969 M
To the second	S SEX 4 RACE S DATE OF BIRTH 6. AGE (In years 1.6 JADER 1 VEAR 1.6 LANGE 24 HRS 1.6 LANGE 25 LANGE 26
d in by	7b. CITIZEN OF WHAT COUNTRY? COUNTRY) Ohio 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED Wicomico Md
within 90	O. CITY OR TOWN OF DEATH Salisbury 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) Springhill Pr. Sanatarium housewife Own home
omplet event,	30 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 130 CITY OR TOWN 134 MISIOE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Wicomico Salisbury YES NOW Camden ave. ext.
in ony	Abram Wilt Ella Bickham
pleosi al, ond	16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give wer or dottes of service) 16b. SOCIAL SECURITY NO 17 INFORMANT E. Dale Adkins Jr. see sec. # 13
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TO FUNE director should	230. BURIA, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cremation 1/4/1969 J.vin. Lee & Sons Vashington D.C.
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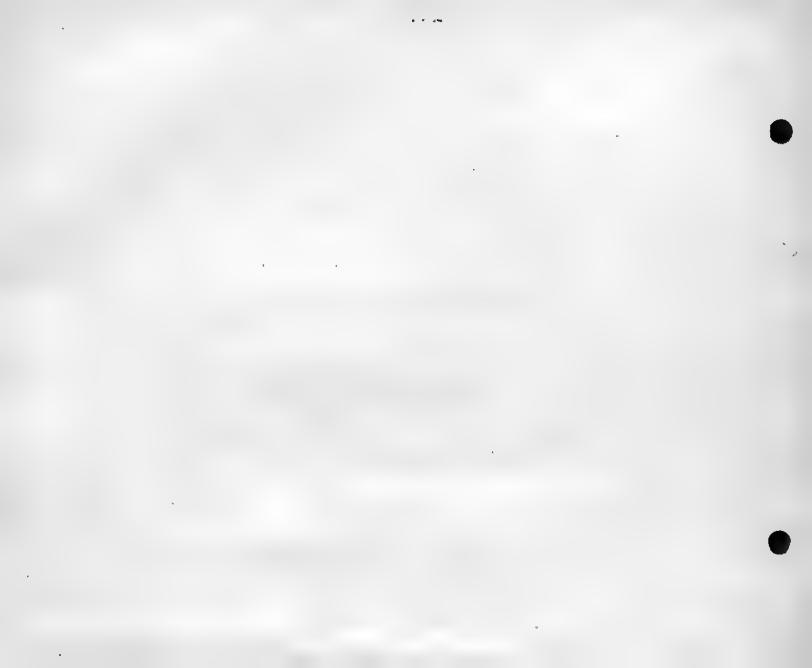
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10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR HIST TUTION (If not in pospita 12a USUAL OCCUPATION (K nd of work dane give street address) Deer's Head 2a USUAL OCCUPATION (K nd of work dane give street address) Deer's Head 2a USUAL RESIDENCE (Where deceased lived/it institut an Residence before 13c CITY OR TOWN 13e as of city in 15 2a USUAL RESIDENCE (Where deceased lived/it institut an Residence before 13c CITY OR TOWN 13e as of city in 15 2a USUAL RESIDENCE 2a COLUMN 2a usual or city institut an Residence before 13c CITY OR TOWN 13e as of city in 15 3c STREET AND NUMBER RFD #1, Box 533, Liberty Rd. 14 FATHERS NAME First Middle Lost Is MOTHERS MAIDEN NAME First Middle Lost 15 MOTHERS MAIDEN NAME First Middle Lost 16a, WAS DECEASED EVER IN U.S. ARRID FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address 17 No. OR OF LIKENOWN (1/198 gave were of delete of savine) 219 - 07 - 2880 C. Theodore Scott Fe ieralsburg Lid. 18 CAUSE OF PEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: LIMBEDIATE CAUSE (a) Bronchopneumonia 3 days 18 CAUSE OF PEATH (Enter only one cause per line for (a), (b), and (c)) Bronchopneumonia 3 days 18 CAUSE OF PEATH (Enter only one cause per line for (a), (b), and (c)) Bronchopneumonia 3 days 18 CAUSE OF PEATH (Enter only one cause per line for (a), (b), and (c)) Bronchopneumonia 3 days 18 CAUSE OF PEATH (Enter only one cause per line for (a), (b), and (c)) Bronchopneumonia 3 days 18 CAUSE OF PEATH (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19 COTON ary arteriosclerosis, severe 20 CAUSE OF DEATH 10 CAUSE (a) 10
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a lift either, natity medical exominer) P.M. 19
White Nort while at work at work at work
22a certify that (I) (18300000) attended the deceased from 6/3 , 1968 , to 1/5 , 1969 , that (I) (30) last saw the deceased alive an 1/5 1969, and that in (my) (30) appropriate the deceased alive an 1/5 1969 and that in (my) (30) appropriate the deceased alive an 1/5 1969 and that in (my) (30) appropriate the deceased alive an 1/5 1969 and that in (my) (30) appropriate the deceased alive an 1/5 1969 and that in (my) (30) appropriate the deceased alive and the deceased alive
couses stated obave, (1) (ma) (did) (did pat) view the body after death
220 SIGNATURE 22c, DATE SIGNED
DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIPLYS LE 1/0/09
22d PHYSIGIANS NAME (Type) C H (Himmograph M D
Deer's Head State Hospital, Salisbury, Md.
230 BUR AL, CREMATION 23b DATE 23c NAME OF CREMATORY 23d OCATION (City or Town) (County) (State)
24 FUNERAL DIRECTOR 25b. REGISTRAR S SIGNALURE
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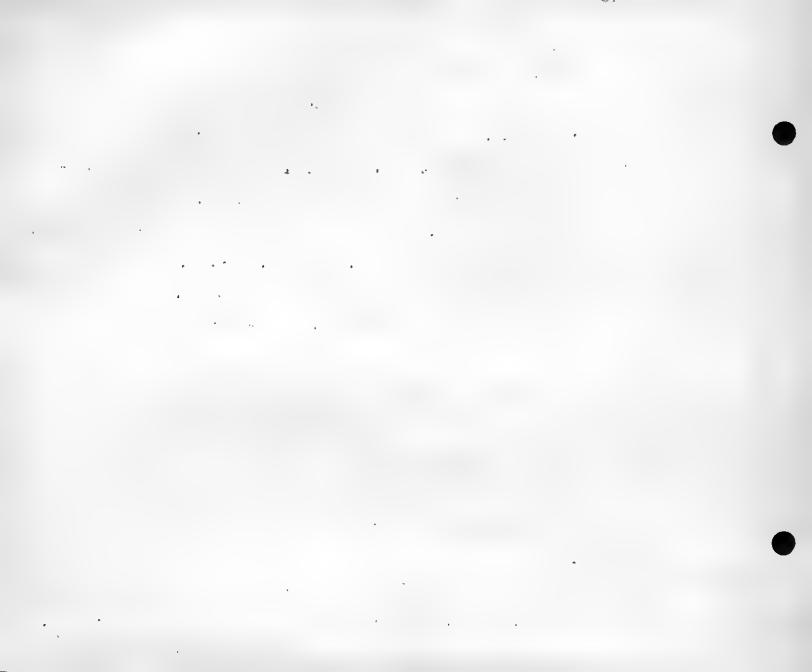
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a the second sec	ı	causes stated abave	,(I) (we) (did)(did nat) v	ew the bady after do	eath.				
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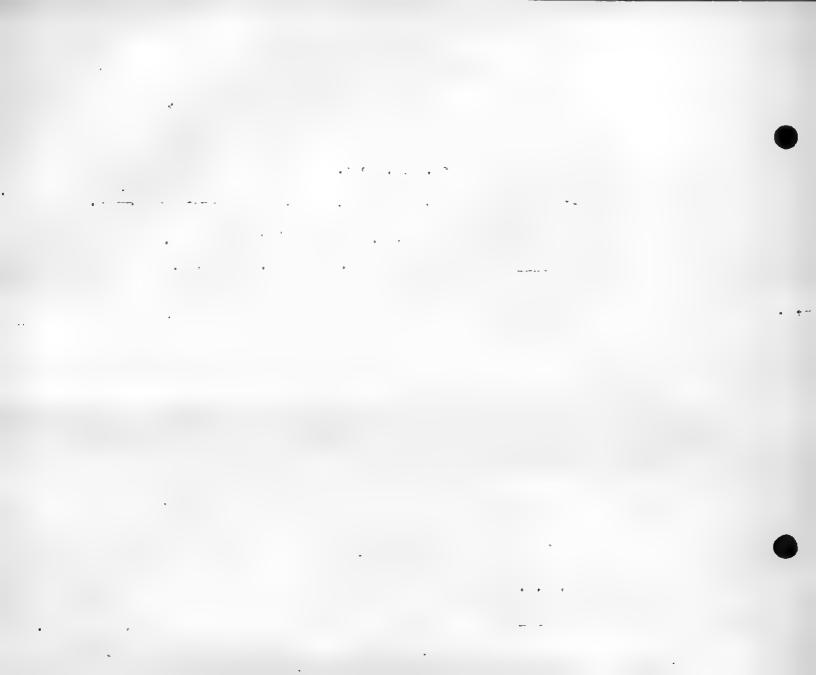
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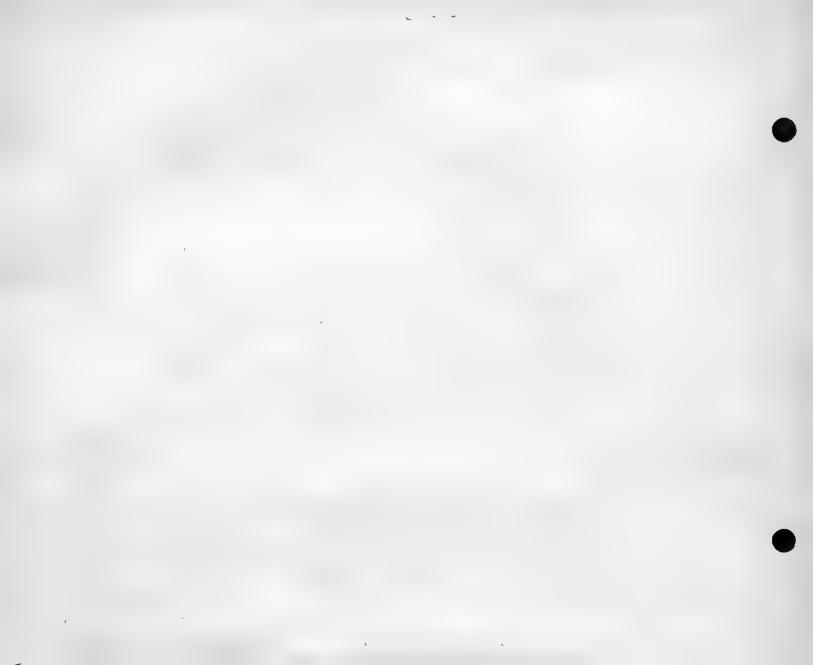
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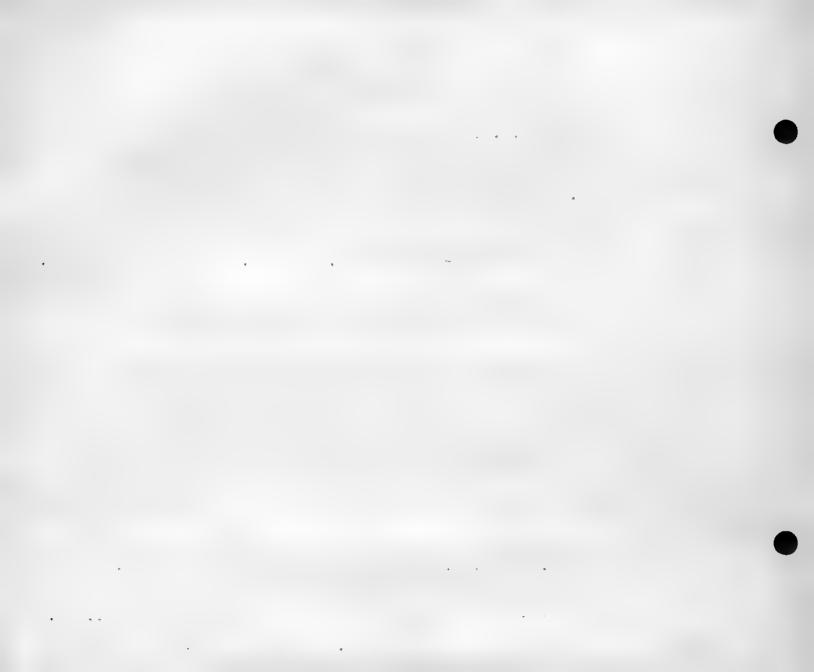


MARYLAND STATE DEPARTMENT OF HEALTH

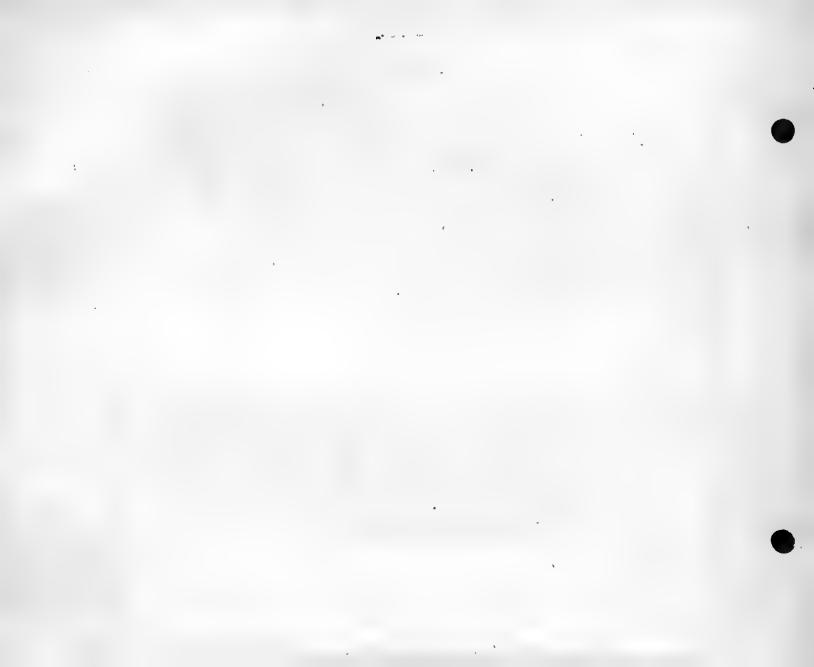


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	<u>_</u>			CERTIFICATE OF DEATH		07170
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HOS Be 4 FUNI Pecto Soulo	230	BUR AL, CREMAT ON, 23b. DA	ATE 23c NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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45M. V.1/69		HOLLOWAY & CO	MPANY, SALISBURY,	, MARYLAND DAT ปล ์เ	N 2 1 1969 / Cua	The same of the sa





	1			STATE DEPARTMENT OF I		
		7174,		301 W. PRESTON STREET, BALT ERJIFICATE OF DEATH	IMORE, MARYLAND 21201	01742
4 24		ECEASED-NAME First	Middle	lost	2a. DATE OF DEATH	2b. HOUR
death death	()	ype ar print) ETHE	CATHER I	NE WHITE	January 6 Day	1969 5:20PM
# - Tal	3. SI		4 RACE	S. DATE OF BIRTH	6. AGE (In years	E UNDER 1 YEAR IF UNDER 24 HRS.
S of the S		Female	White	Sept. 17, 19	07 last birthday) YRS.	MONTHS DAYS HOURS MIN
by the	7a 1	BIRTHPLACE (State or fareign 7 http)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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executed within 24 haurs, after death of campletely filled in by the famelal emove carban papers. Pages I and any event, within 72 hours after death	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	ITUTION (If not in haspital 12a, USU)	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
rban wi	-	Salisbury		neral Hospita during m		Shirt Factory
PLUCERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please Temave carbon papers. Pages I should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after	adm	issian) STATE Maryland	d lived, if institution Residence before 13b. COUNTY Wicomico	13c. CITY OR TOWN 13d. INSIDE CITY U Eden YES IN		ut Tree Road
Ser 1		FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F		Last
ing		Isaac	Mills	Blanc		Bailey
and		WAS DECEASED EVER IN U.S. ARMET	as dates of sendont	(11 Church St.
ohys rn p		es, na, ar unknawnj	218-30-17	30 Mrs. June M. W	ilkinson, Hebron,	
The		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED !	one cause per line far (a), (b) and (c).)	- 00/	0 4.	APPROXIMATE INTERVAL BETWEEN GINSET AND GEATH
endi mıt. or r		PART I. DEATH WAS CAUSED I	E CAUSE (0)	inemotoris - 2 5	- Breatouja.	Kenth
G PHYSECIAN: The law requires that the death certificate be the haspital or attending physician. This certificate has been signed by the attending physician or detached far use as the burial-transit permit. Then please if the Dept. of Health prior to burial, cremation, or removal, and in			DUE TO, OR AS A CONSEQUENCE OF		J ,	
at the main main main main main main main main	L	Canditians, if any, which gave rise to immediate cause (a), ((b)			
oran d by tro		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
mysi gne uria			(c)	T RELATED TO THE TERMINAL DISEASE OR	ONDITION GIVEN IN PART 1(a)	
p r s s s s s s s s s s s s s s s s s s	_				` '	
bee s the	CERTIFICATION	19a. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
the star X	Iğ			YES NO	CAUSES OF DEATH?	
cate ar u deal		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE DE DEATH		23c HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2, I	tem 18.)
ed f	MEDICAL	(If either, natify medical examine	er) P.M. 19	and a second sec	 	
is ce tach Dept	1	21d. INJURY OCCJRRED 21e Pl While Not while 1 at work of work	PLACE OF INJURY (AT HOME, EARM, STREET, EACT OFFICE BLAIDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. No	. City ar Tawn	County State
de de la de	П	220 Leastifu that (1) (the	hospital) attanded the decorse	d from 12- ~ >1 19/	V to / 10	that (IV/wa) lost
Africa Stab	L	saw the deceased aliv	ve on1	d fram /2 -> , 19 / A , and that in (my) (our) opinady after death.	nian death accurred on the do	te and hour and from the
OR: OR: Note of the property o		causes stated above,	(I) (we) (did) (did nat) view the b	pady after death.		
ok Attenbin be retained by NRECTOR: After e 3 shauld be ed with the Sta	П	22b. SIGNATURE	Dan a	DEGREE PHYS.		DATE SIGNED VALUE / 1969
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erta oulo	23a	BURIAL, CREMATION, 23b DA	ATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
E 5 5 5				Cemetery	Siloam, Wicomico	
VR ATH (A)	24	FUNERAL DIRECTOR	ADDRESS		Y REGISTRAR 2Sb. REGISTRARS	
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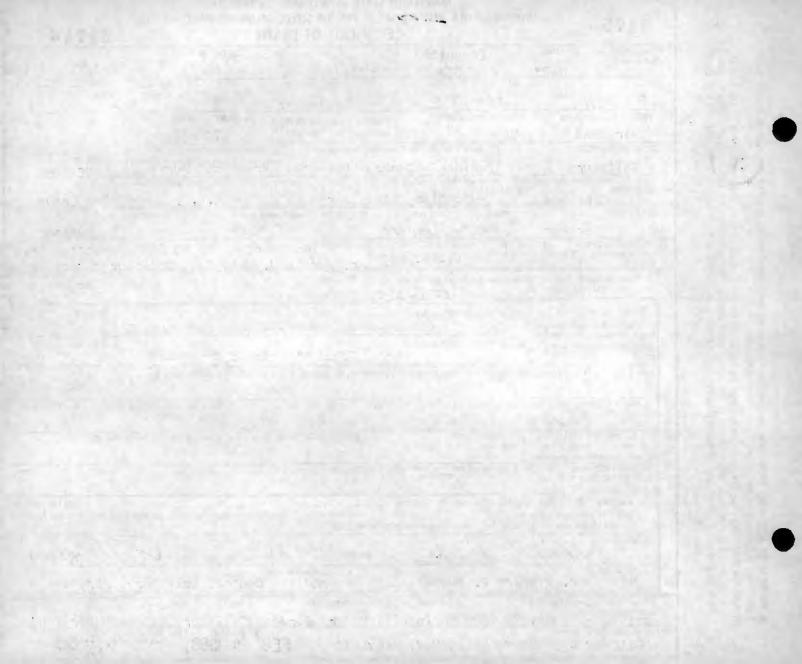


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		MARYLAND STATE DEPARTMENT OF HEALTH
· representation		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 91745
eath frail find 2 eath.		ECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR Type or print)
dear	L'	Type or print) Nargie A. Williams January 27 1969 10 A
io A	3. 51	EX 4. RACE / S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
5 B 3	F	Temale Negro March 23, 1897 last birthday) YRS MONITS DAYS HOURS MIN
s. bankhaur		BIRTHPLACE (State or foreign 7b, CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH ntry)
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physician. signed by the attending physician for campletely filled in by the burial-transit permit. Then please remove carban papers. Logo. I and burial-transit permit. Then please remove carban papers.		alisbury Peninsula General during most of working life even fretired.) NDUSTRY Domestic
ad v	13a	USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LM IS?) 13e STREET AND NUMBER
/\$ E & & J/	gam	Maryland licomico Salisbury YES NO 705 Lake St. Salis No
1 X SEE	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
2 2 5		Frederick Armstrong Elizabeth White
ate leas	160	, WAS DECEASED EVER IN U.S. ARMED FORCES? 166b SOCIAL SECURITY NO. 17 INFORMANT Address
fiffic hys		Yes, qq, ar unknown) (If yes give war or do'es of service) Dorothy Jones 614 Lake St Salis Md
at the death cer the attending p nsit permit. The matian, ar rema		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
adir.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CENCERAL + Mornisoses 3 da
affe affe	1	DUE TO, OR AS A CONSEQUENCE OF
The state of the s		Canditions, if any, which gave) (b) generally a certerior classes us
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5 4444	MEDICAL	The either, notify medical examiner) P.M. 19
PHYSICIAN by haspital vis certificatached for	₩.	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f EOCATION Street or R.F.D. No. City or Town County State
the percentage of the percenta		at work of work
OR ATTENDING De retained by the NRECTOR: After the 3 shauld be ded with the State		22a. I certify that (1) (this hospital) attended the deceased fram 1-47, 1964 to 1-22, 1964, that (1) (we) los
END ed A	1	saw the deceased alive on
T p p c s s	1	226 SIGNATURE 226 DATE SIGNED
OR /		John S Bullsulen AN D DEGREE PHYS DIRECTOR DIRECTOR PHYS
AL C	1	22a Physicans 22e Address
RA Be		NAME (Type) JOHN T. RULKELE, M. O. Fine BLUST KO! SALISASIBY, ? POR!/LPLL
TO HOSPITAL OR ATTENDING FHYSICLEN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the state Dept.	230	BUR.A., CREMATION, 235, DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (State)
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VR A15\(0)\(45M\)	16	Pite of Stewart sales and DATE
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		1				D STATE DEPARTMENT OF		
1.30		_		01753	DIVISION OF VITAL RECORDS;	301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201	
120		-1		OTION		CERTIFICATE OF DEATH		01746
车	=2=			CEASED-NAME First	(Augu & tela)	Lost	20. DATE OF DEATH	2b. HOUR
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fer	fer		3. SE	· - ,	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MIGNINS DAYS HOURS MIN.
s of	by the fur aurs after			FEMALE	White	September 1	6,1918 50 YRS.	MIGNINS DATS HOURS MIN.
a la	200		70. B	RTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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Ę.	Bed C	11)	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not in hospital 120. US	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
1	S S S	V		Salisbury			most of working life, even if refired.)	nursing
Pe Pe	sician and campet please remove ce , and in any event,	104	odmis	JSUAL RESIDENCE (Where deceose sion) STATE	ed lived, if institution: Residence before	13c CITY OR TOWN 13d, INSIDE CITY	Y LIMITS? 13e. STREET AND NUMBER	
neco	remove c	1		Maryland	W1COM1CO	Salisbury 1 -	- R. D. 5, Pellibe	rton Drive
9	and rem	1	14. F	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		Lost
ه	please J, and ji		14-	Arthur WAS DECEASED EVER IN U.S. ARM	James Leona ED FORCES? 1166, SOCIAL SECURITY I		Mabe 1	Hudson
ficet	physician en please aval, and		Ye	s, no, ar unknawn) (If yes give wi	217-16-78	(Husband		emberton Dr.
ertii	ian. by the attending phy transit permit. Then crematian, ar remava		T	No			Williams, Salisbu	ry Maryland
th c	attending p permit. The			PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b) and (c). BY:	- 01		BETWEEN GNSET AND GEATH
pap	attendi permit. ian, ar r			1991 IMMEDIA	TE CAUSE (0)	a factione		
Ť.	the at			Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	moto	41	
To	y th insil			rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	ecnoma metaal	nue po cure	
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10.	physici signed burial-i burial-i			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(m)	
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Pe :	atte has se a	XI	TIFIC			YES NO [CAUSES OF DEATH?	
ż	ate r us	1.		210. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part 2, 1	Item 18.)
E A	d for the state of the		DICAL	OR CONTRIBUTING CAUSE OF DEATH				
<u>₹</u>	cer che		MED	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY,) 21f. LOCATION Street or R.F.D. N	No. City or Town	County Stote
<u>a</u>	this detc			While Not while at work				
N.	After After I be Stat			22a. I certify that (I) (thi	s hospital) attended the decease	ed fram, 19.		, that (1) (we) last
EN	old the			saw the deceased al	ive an1 ,(I) (we) (did) (did,nat) view the	y, and that in (my) (our) o	pinion death occurred on the da	te and hour and from the
A FA	Shair			22b. SIGNATURE	C)		224	DATE SIGNED
S. S.	3 % be	1		Dechar	16- Rushes	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	1/2-8/69
AL	L D d	/		22d. PHYSICIAN'S	A	22e. ADDRESS		1 11
TO HOSPITAL	Page 4 may be retained by the haspital ar attending DEUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to			NAME (Type) Dr. R	ichard E. Mughes	Medical (Center, Salisbury,	Maryland
HO	FUN		23o.	BURIAL, CREMATION, 236. E	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
2	5 5 P				n. 30,1969 Springh	ill Memory Gardens	s Salisbury, Wicomi	co, Maryland
	VR ATS		24.	UNERAL DIRECTOR	ADDRESS	MADYLAND ZSO RECD	BY REGISTRAR 3 256 REGISTRAR 3	SIGNATURE
	H5M - 1X8	W.		HULLUWAT & CO	MPANY, SALISBURY,	MARYLAND DEEB	3 1969	



1/	L	^		ND STATE DEPARTMEN . 301 W. PRESTON STREE	IT OF HEALTH T, BALTIMORE, MARYLAND 2120	1
242		01754		CERTIFICATE OF DI		01747
I and 2 er deoth.		and the state of t	irst Middle 'anda Lee	WILLING	20. DATE OF DEATH Month TANGARY	Day Year 4 A M
s affer	3. SI	EMALE	4 RACE white	S. DATE OF BIRTH	(net hirthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
S.E.	7a.	BIRTHPLACE (State or foreign ntry) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.	B. MARRIED NEVER MARRIED WIDOWED DIVORCED		CO Md.
within 80	10. (Salisbury	11. NAME OF HOSPITAL OR II give street address) Peninsula		12a. USUAL OCCUPATION (Kind of work do during most of working life, even if retire INSPECTOR	ine 12b. KIND OF BUSINESS OR INDUSTRY Garment
event,	13a. adm	USUAL RESIDENCE (Where decision) STATE Md.	ceased lived, if institution: Residence before	Princess An	INSIDE CITY LIMITS? 13e. STREET AND NUMBER	3
2	14.	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDE		
		Hermann Herman		NO. 17. INFORMANT	Addres	Grath
Heolifi prior to buriol, cremation, or removal, and in ony eveni, within 74		Conditions, if any, which gar rise to immediate cause (c stating the underlying causes).	DUE TO, OR AS A CONSEQUENCE O	appendice	iceal Abacess Lis ISEASE OR CONDITION GIVEN IN PART 1(0)	7 days
- ×	CERTIFICATION		19b. CONDITION FOR WHICH OPERATION WAS F	YES 🗀	NO CAUSES OF DEATH?	IGS CONSIDERED IN CERTIFYING
	MEDICAL CE	21 a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF (If either, notify medical exc	DEATH HOUR A.M. Month Day Year ominer) P.M.	ir 19	RED (Enter nature af injury in Part 1 ar Pa	
	2	While Nat while at work		ACTORY.) 21f. LOCATION Street of		County State
		causes stated abo	(this haspital) attended the deceo d alive on ave((I))(we)((did))(did not) view the	sed trom9/// 1968, ond that in (my) bady after death.	, 19.68, to/_z (aur) apinian death occurred on th	
snould be filed with the State Dept. of		22b. SIGNATURE 22d. Physician's	Chris Leusen	DEGREE PHYS. 22e. ADDRES	MED. STAFF DIRECTOR PHYS. DEVISOR	22c. DATE SIGNED STREET
1		NAME (Type) 0 3 B	OKNE LHKISTE	NSEN	SALISBURY	(County) IVICItate)
0	1			E CEMETERY OR CREMATORY NOOD Cemeter NO	in REC'D BY REGISTRAR 25b. REGIST	nne; Somerset;
(Soll	X	Bones De		ess Anne, Md		res Judge

